

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90139 041 ***150.00

DOCUMENT # P98000038262

1. Corporation Name

DVG ENTERPRISES, INC.

Principal Place of Business

Mailing Address

4360 NORTHLAKE BLVD. STE. 205
PALM BEACH GARDENS FL 33410

4360 NORTHLAKE BLVD. STE. 205
PALM BEACH GARDENS FL 33410

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/27/1998

4. FEI Number

65-0834973

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 6346-65 Lantana Road

26 6346-65 Lantana Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 11-C

27 Suite 11-C

City & State

City & State

23 Lake Worth FL

28 Lake Worth FL

Zip

Country

Zip

Country

24 33463

25

29 33463

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WASHOFKY, MARTIN E
4360 NORTHLAKE BLVD. STE. 205
PALM BEACH GARDENS FL 33410

81 Name

DAVID GOSINE

82 Street Address (P.O. Box Number is Not Acceptable)

6346-65 Lantana Road

83

Suite 11-C

84 City

Lake Worth

FL

85

Zip Code
33463

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/12/99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE
NAME GOSINE, DAVID
STREET ADDRESS 4360 NORTHLAKE BLVD. STE. 205
CITY-ST-ZIP PALM BEACH GARDENS FL 33410

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME P.D. Gosine
1.3 STREET ADDRESS 6346-65 Lantana Road # 11-C
1.4 CITY-ST-ZIP Lake Worth, FL 33463

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (11/98)