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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000039668

1. Corporation Name

DCH, INC.

Principal Place of Business

 KEVIN P. CROSBY, ESQUIRE
 ONE EAST BROWARD BOULEVARD, SUITE 1609
 FORT LAUDERDALE FL 33301

Mailing Address

 KEVIN P. CROSBY, ESQUIRE
 ONE EAST BROWARD BOULEVARD, SUITE 1609
 FORT LAUDERDALE FL 33301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/01/1998

4. FEI Number

05-0832434

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

 CROSBY, KEVIN P ESO
 MALIN, HALEY, DIMAGGIO & CROSBY, P.A.
 ONE EAST BROWARD BOULEVARD, SUITE 1609
 FORT LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

 TITLE DP ☐ DELETE
 NAME CROSBY, KEVIN P ESO
 STREET ADDRESS ONE EAST BROWARD BOULEVARD, SUITE 1609
 CITY-ST-ZIP FORT LAUDERDALE FL 33301

 TITLE VD ☐ DELETE
 NAME DIMAGGIO, DALE P ESO
 STREET ADDRESS ONE EAST BROWARD BOULEVARD, SUITE 1609
 CITY-ST-ZIP FORT LAUDERDALE FL 33301

 TITLE STD ☐ DELETE
 NAME
 STREET ADDRESS SUITE 1609
 CITY-ST-ZIP FORT LAUDERDALE FL 33301

 TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

 TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

 TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

 1.1 TITLE STD ☒ Change ☐ Addition
 1.2 NAME Crosby, Kevin P Esq
 1.3 STREET ADDRESS One E. Broward Blvd. Suite 1609
 1.4 CITY-ST-ZIP Fort Lauderdale, FL ☐ Change ☐ Addition

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

 3.1 TITLE DP ☒ Change ☐ Addition
 3.2 NAME Haley, Barry L Esq
 3.3 STREET ADDRESS One East Broward Blvd. Suite 1609
 3.4 CITY-ST-ZIP Fort Lauderdale, Florida 33301 ☐ Change ☐ Addition

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

 5.1 TITLE ☐ Change ☐ Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 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:

Kevein P. Crosby

2/19/99

954 763-3303

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)