FILED Mar 10, 1999 8:00 am Secretary of State 03-10-1999 90221 023 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	P98000040315
 Corporation Name 	
DO BU MAN AARD	

PC BY MAIL CORP.

Principal Place of Business	Mailing Address
2550 NORTH FEDERAL HIGHWAY	2550 NORTH FEDERAL HIGHWAY
SUITE 10	SUITE 10
FT LAUDERDALE FL 33305	FT LAUDERDALE FL 33305

Principal Place	of Business	Mailing Address			Tipping in 1919 land and and and			
2550 NORTH FE	EDERAL HIGHWAY	2550 NORTH FED	ERAL HIGHWAY		Į.			
SUITE 10					DO NOT WRITE IN TH	IIS SDACE		
FT LAUDERDAL	FT LAUDERDALE FL 33305 FT LAUDERDALE FL 33305			3. Date Incorporated or Qualified	IS SPACE]	
					05/05/1998			
2. Principal Pl	lace of Business	2a. Mailing Addr	095		4. FEI Number	Ap	plied For]
21		26			65-0835218	No	t Applicable	l
Suite, Apt.	#, etc.	Suite, Apt. #	etc.		5. Certificate of Status Desired	\$8.75]
22		27			5. Certicate of Status Desired	Fee Re	equired	1
City & State	В	City & State			6. Election Campaign Financing	 \$5.00	May Be	-
23	• -	28	<u> </u>		Trust Fund Contribution	Added t	to Fees	1
Zip	Country	Zip	C	ountry	8. This corporation owes the current year		بندرون ود ميس	<u> </u>
24	25	29	30		Personal Property Tax.	☐ Yes	ØNo	-
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registers	id Agent		i i
				81 Name				ļ
	RELAWYER			82 Street Add	iress (P.O. Box Number is Not Acceptable)			1
, ,,,,	ALMERIA AVENUE			000000			·]
COR	AL GABLES FL 33134			83				ł
						. 85 Zip (Code	ł
				B4 City	F	LIT		ļ
11 Pursuant	to the provisions of Sections 607.0502	and 607,1508, Flori	da Statutes, the	above named con	poration submits this statement for the purpose ion's board of directors. I hereby accept the ap	of changing its	registered	1
office or n	egistered agent, or both, in the State of	Florida, Such chan	ge was authoriz	ted by the corporati	ion's board of directors. I hereby accept the ap	pointment as re	gistered	l
	m ramiliar with, and accept the obligation	ons or, Section Gov.	JJUJ, FIORICA SI	autos.				l
SIGNATURE	Signature, typed or printed name of registered agent	and title of applicable.	(NOTE: Registe	red Agent signature require	ed when reinstating) DATE			<u>ہ</u> ا
12.	OFFICERS AND		1:	3.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO] ≊
TITLE	PSD		ELETE 1.1	ппе		Change	Addition	Ε :
NAME	MARTINO, STEVE L		f	f				্ব
STREET ADDRESS			12	NAME				
	ZOOU NURLII PEDENAL BRUTINIA	AY						입
C07V. ET. 700	2550 NORTH FEDERAL HIGHWA FT. LAUDERDALE FL 33305	λY	1.3	STREET ADDRESS				ZE E
CMY-ST-ZIP	FT. LAUDERDALE FL 33305		1.3 1.4			☐ Change	☐ Addition	CRZEO
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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.

6,4 CITY-ST-ZIP