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Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90142 039 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P98000041574

1. Corporation Name
D L DREAMS INC.

Principal Place of Business
**17715 GULF BLVD LOT 829
REDDINGTON SHORES FL 33708**

Mailing Address
**17715 GULF BLVD LOT 829
REDDINGTON SHORES FL 33708**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/07/1998

4. FEI Number
59-3510609

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TEPPER, ARTHUR L
27 FLETCHER AVENUE
SARASOTA FL 34237**

81 Name
Evelyn Zabawa

82 Street Address (P.O. Box Number is Not Acceptable)
17715 Gulf Blvd. #829

83 **X**

84 City **Redington Shores** **FL** 85 Zip Code **33708**

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 **Evelyn Zabawa**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-22-1999

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **D JAKUBEK, DORI**
STREET ADDRESS **7118 RAYMOND ROAD**
CITY-ST-ZIP **MADISON WI 53719**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME **President/Dice (PIV)**
1.3 STREET ADDRESS **Dori Jakubek**
1.4 CITY-ST-ZIP **P.O. Box 2584**
Ottawa IL 61350

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME **Secretary/Treasurer (T/S)**
2.3 STREET ADDRESS **Evelyn Zabawa**
2.4 CITY-ST-ZIP **17715 Gulf Blvd. #829**
Redington Shores FL 33708

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 #

1-22-1998 (727) 391-6225

CR2E034 (1/98)