

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

DOCUMENT # P98000044658

1. Corporation Name

Dilam Homes of South Florida, Inc.

FILED

99 OCT 18 PM 4:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

FORT LAUDERDALE SWAP SHOP  
3241 W. SUNRISE BLVD.  
FORT LAUDERDALE, FL 33312

Mailing Address

P.O. BOX 7484  
FT. LAUD. FL  
33338-7484

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

5/18/98

4. FEI Number

65-0838185

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

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

9. Name and Address of Current Registered Agent

MATTHEW D. LYONS  
1224 NE 12TH AVE.  
FT. LAUDERDALE, FL 33304

10. Name and Address of New Registered Agent

81 Name THOMAS SGLYVITZ

82 Street Address (P.O. Box Number is Not Acceptable)  
6550 N FULTON HWY #220

83

84 City FT. LAUDERDALE

FL

85 Zip Code 33308

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 *Thomas Sglyvitz*

DATE 4/12/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE President  
NAME MATTHEW D. LYONS  
STREET ADDRESS 1224 NE 12TH AVE.  
CITY-ST-ZIP FT. LAUDERDALE, FL 33304

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 PRESIDENT  
1.2 NAME MATTHEW D. LYONS  
1.3 STREET ADDRESS P.O. BOX 7484  
1.4 CITY-ST-ZIP FT. LAUDERDALE, FL 33338-7484

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

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

4.1 TITLE ☐ Change ☐ Addition  
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

500003028835  
-10/22/99--01106--014  
\*\*\*150.00 \*\*\*150.00

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 in an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/99

Daytime Phone #

My first annual report was completed and mailed on April 14, 1999, along with my personal tax return. A 150.00\$ money order to the Florida Department of State was included with the form on October 7, 1999. I was opening an account at a local bank and was told my corporation was dissolved on September 24, 1999. I immediately called the Department of Corporations and spoke to a lady by the name of Kristen. She instructed me to contact my accountant (Tom Sawyer 954-491-7233), get a copy of the original form and re-mail it with a corporate check and this explanation letter.



October 13, 1999

Florida Department of Operations  
Annual Reports Filings  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Florida Department of Operations:

My first annual report was completed and mailed on April 14, 1999, along with my personal tax return. A 150.00\$ money order to the Florida Department of State was included with the form on October 7, 1999. I was opening an account at a local bank and was told my corporation was dissolved on September 24, 1999. I immediately called the Department of Corporations and spoke to a lady by the name of Kristen. She instructed me to contact my accountant (Tom Sawyer 954-491-7233), get a copy of the original form and re-mail it with a corporate check and this explanation letter.

If there are any questions, please do not hesitate to call me at (954) 791-7772 . Thank you very much.

Sincerely



Matt Lyons  
Broker/President

Enclosure

BB:/

Swap Shop of Fort Lauderdale  
2nd Floor Skywalk  
P.O. Box 7484  
Ft. Laud., FL 33338-7484

Office: (954) 791-7772  
Fax: (954) 791-8180