SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000044939

D.L.M. OF PALM BEACH COUNTY, INC.

Mailing Address

FILED Jul 16, 1999 8:00 am Secretary of State

07-16-1999 90012 006 ***550.00



3010 JASMINE COURT DELRAY BEACH FL 33483						3010 JASMINE COURT DELRAY BEACH FL 33483						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/19/1998							
2. Principal Pl	a. Mai	ling Ac	ing Address					4. FEI Number					Applied For						
21						26						65-0	852901			No	Appli	cable	
	e, Apt. #, etc.				Suite, Apt. #, etc.							5. Certificate of Sta	tus Desired		\$8.75 Additional Fee Required				
City & State	& State				City & State							6. Election Campai Trust Fund Cont	-		\$5.00 May Be Added to Fees				
Zíp 24	Country 25			29	Zip 29			30 Co	Country 30			8. This corporation owes the current year Intangible Personal Property. X Yes No							
	9. Name	and A	Address of Currer	nt Reg								10. Name and Address of New Registered Agent							
KERSHAW, JAMES L 2125 EAST ATLANTIC BLVD. POMPANO BEACH FL 33062									81 82 83 84	Str		Don Mali ess (P.O. Box Number 3010 Jas	s Not Acceptab		85	Zip C	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 607.5505, Florida Statutes. SIGNATURE Signature, Speed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE																			
12.			OFFICERS AN	ID DIR	ECTO	RS		13.				ADDITIONS/CHAI	NGES TO OFFI	CERS AND	DIRE	CTO	RS IN	12	
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NAME	KERSHA	•						1.2 N	AME			Don Malicoat							
STREET ADDRESS		TLANTIC BLVD.						1.3 STREET ADDRESS			3010 Jasmine	Ct.							
CITY-ST-ZIP	POMPAN	IO BE	ACH FL 33062					1.4 C	TY-ST	-ZIP		Delray Beach	, FL	_33483					
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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 changes, or on an attachment with an address.

SIGNATURE:

849 561-276-8618