Feb 22, 1999 8:00 am

Secretary of State

02-22-1999 90049 004 \*\*\*150.00

## 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 #** P98000053324

1. Corporation Name

D 9 V DEALTY & MANAGEMENT CO

рохип	EALTT & WANAGEWENT	<b>.</b>							
Principal Place	e of Business	Mailing Address					aniti übtæl n	ELMB ELLÜN ITELD	Itati didi tabi
782 N.W. 42ND AVENUE 782 N.W. 42ND AVEN SUITE 330 SUITE 330 MIAMI FL 33126 MIAMI FL 33126						DO NOT WRITE	IN THIS	SPACE	
MINMI IL SUIZI						3. Date Incorporated or Qualifed 06/12/1998			
Principal Place of Business     2a. Mailing Address						4 FEI Number	,,	_ <del>                                    </del>	plied For
21 26			·			65-084651		<del></del>	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 22						5. Certifcate of Status Desired		\$8.75 / Fee Re	
City & State City & State						-6Election Campaign Financing	·		-May Be=≃≃≥
28						Trust Fund Contribution		Added t	to Fees
Zip Country Zip			Country			8. This corporation owes the curren	nt year Inta		No
24	25		10			Personal Property Tax.	mieterad i	Yes	ANO
	9. Name and Address of Cur	rent Registered Agent	81		ame	10. Name and Address of New Re	gistered	(gent	
DIID	VE ION W		01	144	aille				
Burke, Jon W 782 N.W. 42ND AVENUE			82	82 Street Address (P.O. Box Number is Not Accept					
	TE 330		-	<u> </u>				<del></del>	
			83					•	
IMILA	VII FL 33126		84	CI	ity			85 Zip (	Code
				L.	-named corporation submits this statement for the purpose of changing its registered				
agent. I a	m familiar with, and accept the ob-	ligations of, Section 607.0505, Florid	aa Statutes	i.		n's board of directors. I hereby accept when reinstating)  ADDITIONS/CHANGES TO OFFI	DATE		
TITLE	PVST	☐ DELETE	1.1 TITLE					☐ Change	☐ Addition
NAME	BURKE, JON W		1.2 NAME						
STREET ADDRESS	782 N.W. 42ND AVENUE, S	UITE 330	1.3 STREE	T ADD	RESS				
CITY-ST-ZIP	MIAMI FL 33126	J. 1. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.	1.4 CITY-S						
TITLE	D	☐ DELETE	2.1 TITLE					☐ Change	☐ Addition
NAME	BURKE, JON W		2.2 NAME			_			
STREET ADDRESS	782 N.W. 42ND AVENUE, S	LITE 330	2.3 STREE	TADD	RESS				
	MIAMI FL 33126			ST-ZIF					
CITY-ST-ZIP TITLE	DELETE							Change	☐ Addition
NAME	3.21								
STREET ADDRESS			33 STREE	T ADD	RESS				
CITY-ST-ZIP			3.4, CITY-5	ST-ZIF	,				
TITLE	☐ DELETE			4.1 TITLE				☐ Change	☐ Addition
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREE	TADO	RESS			.*	ļ
CITY-ST-ZIP			4.4 CITY-S	T-ZIP					
TITLE		☐ DELETE	51 TITLE					Change	☐ Addition
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREE	T ADD	RESS				
CITY-ST-ZIP			5.4 CITY- S	ST-ZIP	1				
TITLE		☐ DELETE	6.1 TITLE					☐ Change	☐ Addition
NAME			6.2 NAME						
	(		63 STREE	T ADD	RESS				

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 challed, or on an attachment with an appears, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP