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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000056564

1. Corporation Name

D N F GROUP, INC.

FILED Apr 22, 1999 8:00 am Secretary of State 04-22-1999 90219 006 ***150.00



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Principal Place	e of Business	Mailing Address				1 102/1222 114 18181 18-11 88117 28117 88117	Al Birra Arial Bilio	aitit 2151 1401	
22170 SANDS POINTE DRIVE		22170 SANDS POINTE DRIVE BOCA RATON FL 33433			}				
BOCA RATON FL 33433						DO NOT WRITE IN THIS SPACE			
					-	3. Date Incorporated or Qualifed			
						06/24/1998	_		
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number	Ap	plied For	
21		26				65-0845555		t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75	Additional quired======	
22	<u> </u>	27		<u></u>					
City & State	e ·	City & State			l	6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added t	•	
Zip	Country	Zip	Coun			This corporation owes the current year in the current year.		01000	
24	25	<u> </u>	10	-,	}	Personal Property Tax.	Yes	□No	
24	9. Name and Address of Current		<u>,,,,</u>			0. Name and Address of New Registere	d Agent		
				Name					
1	RILAWYER		-	2 Street	Address	(P.O. Box Number is Not Acceptable)			
	ALMERIA AVENUE			Oli Col 7	7,001000	(1.6. Bex Homes in 1867 deephase)			
COR	IAL GABLES FL 33134		[4	3					
}				14 City			. 85 Zip (Code	
	· ·		-	1		F	┖╶└╶		.
l office or n	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligations.	of Florida. Such change was aut	horized i	by the corpo	corporal oration's	ion submits this statement for the purpose board of directors. I hereby accept the app	of changing its ointment as re	registered gistered	
SIGNATURE	·								
	Signature, typed or printed name of registered agent	<u> </u>		gent signature re	required who	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	DS IN 12	á
TITLE	OFFICERS AND	D DIRECTORS DELETE	13.	<u> </u>		ADDITIONS/CHANGES TO OFFICERS	☐ Change	Addition	1
NAME	DE FINI, CATHERINE A			-					
STREET ADDRESS	DE INN, OATHERME A		1.2 NAW	F Ì	}			\	3
	22170 SANDS POINTE DRIVE		1.2 NAW						/ / 60
] }	22170 SANDS POINTE DRIVE BOCA RATON FL 33433		1.3 STR	ET ADDRESS	 				/ /60000
CITY-ST-ZIP	BOCA RATON FL 33433	™ DELETE	1.3 STR	EET ADDRESS • ST-ZIP	5		Change	☐ Addition	/ /600000
] }	BOCA RATON FL 33433 ST	DELETE	1.3 STR 1.4 CITY	EET ADDRESS • ST-ZIP	SDEA	JISE A. LORY	Change	☑ Addition	/ YOUGO
CITY-ST-ZIP TITLE NAME	BOCA RATON FL 33433 ST FEATHER, LAWRENCE	DELETE	1.3 STR 1.4 CITY 2.1 TITL 2.2 NAM	EET ADDRESS • ST-ZIP	5 28 X	115E A. LORY 170 SANDS PT. DR.		Addition	/ PCDCCO
CITY-ST-ZIP	BOCA RATON FL 33433 ST	☐ DELETE	1.3 STR 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STR	EET ADDRESS -ST-ZIP E	S DEN BO	JISE A. LORY 170 SANDS PT. DR. ICA KATON, FL 3348	3		/ PODODO
CITY-ST-ZIP TITLE NAME STREET ADDRESS	BOCA RATON FL 33433 ST FEATHER, LAWRENCE 22170 SANDS POINTE DRIVE	☐ DELETE	1.3 STR 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STR	EET ADDRESS -ST-ZIP E E EET ADDRESS (-ST-ZIP	Bo	CA KATEN, +C 3370		Addition DA Addition	/ YEOGO
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOCA RATON FL 33433 ST FEATHER, LAWRENCE 22170 SANDS POINTE DRIVE		1.3 STR 1.4 CITY 2.1 TITL 2.2 NAW 2.3 STR 2.4 CIT	EET ADDRESS -ST-ZIP E E EET ADDRESS (-ST-ZIP	VP	CA KATEN, FL 3570	3		/ PDDCDO
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	BOCA RATON FL 33433 ST FEATHER, LAWRENCE 22170 SANDS POINTE DRIVE BOCA RATON FL 33433		1.3 STR 1.4 CITY 2.1 TITL 2.2 NAW 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAW	EET ADDRESS -ST-ZIP E E EET ADDRESS (-ST-ZIP	80 VP B+	RIGETTE T. DEFINI 170 BANDS Pr. DR.	3 ☐ Change		/ PC0000
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	BOCA RATON FL 33433 ST FEATHER, LAWRENCE 22170 SANOS POINTE DRIVE BOCA RATON FL 33433	☐ DELETE	1.3 STR 1.4 CITY 2.1 TITL 2.2 NAW 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAW 3.3 STR 3.4 CIT	EET ADDRESS -ST-ZIP E E EET ADDRESS (-ST-ZIP E E E EET ADDRESS (-ST-ZIP	80 VP B+	CA KATEN, FL 3570	3 □ Change	Addition	/ PDDC034 /
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	BOCA RATON FL 33433 ST FEATHER, LAWRENCE 22170 SANDS POINTE DRIVE BOCA RATON FL 33433		1.3 STR 1.4 CITY 2.1 TITL 2.2 NAW 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAW 3.3 STR 3.4 CIT 4.1 TITL	EET ADDRESS -ST-ZIP E ECT ADDRESS (-ST-ZIP E EET ADDRESS (-ST-ZIP E ECT ADDRESS	BO VP 22 Bo	CA RATED, FL 3570 NGETTE T. DEFINI 170 BANDS Pr. DR. DCA RATEN, FL 33'	3 ☐ Change		/ ¥603600
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOCA RATON FL 33433 ST FEATHER, LAWRENCE 22170 SANDS POINTE DRIVE BOCA RATON FL 33433	☐ DELETE	1.3 STR 1.4 CITY 2.1 TITL 2.2 NAW 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAW 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAW	EET ADDRESS -ST-ZIP EET ADDRESS /-ST-ZIP EET ADDRESS /-ST-ZIP EET ADDRESS	VP 22 BO	RIGETTE T. DEFINI 170 BANDS Pr. DR. DCA RATON, FL 33'	Change	Addition	/ YEODCOO
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE	BOCA RATON FL 33433 ST FEATHER, LAWRENCE 22170 SANDS POINTE DRIVE BOCA RATON FL 33433	☐ DELETE	1.3 STR 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 4.1 TITL 4.2 NAM 4.3 STR	EET ADDRESS -ST-ZIP E E EET ADDRESS /-ST-ZIP E EET ADDRESS /-ST-ZIP E EET ADDRESS	VP 22 BO	RIGETTE T. DEFINI 170 BANDS Pr. DR. DCA RATON, FL 33'	Change	Addition	/ ¥6036GJ
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	BOCA RATON FL 33433 ST FEATHER, LAWRENCE 22170 SANDS POINTE DRIVE BOCA RATON FL 33433	DELETE	1.3 STR 1.4 CITT 2.1 TITL 2.2 NAW 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAW 3.3 STR 4.4 CITT 5.1 TITL 5.2 NAW 5.3 STR 6.1 TITL 6.2 NAW	EET ADDRESS -ST-ZIP E EET ADDRESS (-ST-ZIP E EET ADDRESS -ST-ZIP E EET ADDRESS -ST-ZIP E EET ADDRESS -ST-ZIP E EET ADDRESS -ST-ZIP E	VP 22 BO	RIGETTE T. DEFINI 170 BANDS Pr. DR. DCA RATON, FL 33'	Change Change	Addition	/ YEU - CO - C

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 the 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 chapter (a) and attachment with an address with all other the empowered. officer or director of the corp Block 12 or Block 13 if charge

SIGNATURE: