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Mar 19, 1999 8:00 am
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03-19-1999 90009 001 ****75.00

03-19-1999 90009 002 ****75.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P98000060720**

1. Corporation Name
D AND G INFOTECH, INC.

Principal Place of Business
**115 DOCKSIDE CIR.
WESTON FL 33327**

Mailing Address
**115 DOCKSIDE CIR.
WESTON FL 33327**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/07/1998

2. Principal Place of Business

21 **114 DOCKSIDE CIRCLE**

Suite, Apt. #, etc.

22 **WESTON, FL**

City & State

23 **33327**

Zip

24 **FLORIDA**

Country

2a. Mailing Address

26 **114 DOCKSIDE CIRCLE**

Suite, Apt. #, etc.

27 **WESTON, FL**

City & State

28 **33327**

Zip

29 **FLORIDA**

Country

4. FEI Number

52-2107272

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

Trust Fund Contribution

8. This corporation owes the current year Intangible

Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**GOLDSTEIN, JERRY
115 DOCKSIDE CIR.
WESTON FL 33327**

10. Name and Address of New Registered Agent

81 Name

JERRY DEORIO

82 Street Address (P.O. Box Number is Not Acceptable)

114 DOCKSIDE CIRCLE

83

84 City

WESTON

FL

85 Zip Code

33327

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/22/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **THOMAS G. DEORIO**

STREET ADDRESS **114 DOCKSIDE CIRCLE**

CITY-ST-ZIP **WESTON, FL 33327**

TITLE ☐ DELETE

NAME **JERRY E. GOLDSTEIN**

STREET ADDRESS **115 DOCKSIDE CIRCLE**

CITY-ST-ZIP **WESTON, FL 33327**

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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

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:

JERRY E. GOLDSTEIN 2/22/99 954-342 8190

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0308163