## 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 May 05, 1999 8:00 am Secretary of State 05-05-1999 90158 032 \*\*\*150.00

**FILED** 

DOCUMENT # P98000063220

D C & J LIMITED, INC.		
Principal Place of Business	Mailing Address	
1531 HARRINGTON PARKE JACKSONVILLE FL 32225	1531 HARRINGTON PARKE JACKSONVILLE FL 32225	•

1 10011021 110 10101 10111 00111	 

=:=

JACKSUNVILLE	FL 32223	BACKSONVILLE 1 E DEZES		-	DO NOT WRITE IN THIS	SPACE	
					3. Date Incorporated or Qualifed		
·  -		, 4 cm			07/17/1998		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			39-3524280		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	,	5 Additional
22		27					Required
City & State	<del>)</del>	City & State			6. Election Campaign Financing		00 May Be
23		28			Trust Fund Contribution		ed to Fees
Zip	Country	Zip	Country		8. This corporation owes the current year Int	angible Yes	<b>X</b> No
24	25	29 30	0		Personal Property Tax.  10. Name and Address of New Registered		_ <del>/^/</del> ~
	9. Name and Address of Current	t Registered Agent	81	Name	10. Name and Address of New Registered	Agent	
FILIN	IGS, INC.		"	Name			
	N.W. 16TH STREET		82				
	AUDERDALE FL 33311-4132		02				
11.1	LAUDENDALE   E 300   1 4 102		83			_	
			84	City	CI	85 2	Zip Code
					FL poration submits this statement for the purpose of		it and internal
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was autr	norizea by	the corporation	on's board of directors. I hereby accept the appoint	intment a	s registered
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable (NOTE: Re	egistered Ager	t signature requires	d when reinstating) DATE		
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	ND DIREC	CTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE			☐ Char	
NAME	HALL, DANA		1.2 NAME				
STREET ADDRESS	1531 HARRINGTON PARKE		1.3 STREET	TADORESS			
CITY-ST-ZIP	JACKSONVILLE FL 32225		1.4 CITY-S	T-ZIP			
TITLE	D	☐ DELETE	2.1 TITLE			Char	nge 🗌 Addition
NAME	HALL, CARRIE		2.2 NAME				
STREET ADDRESS	1531 HARRINGTON PARKE		2.3 STREE	TADDRESS			
CITY+ST-ZIP	JACKSONVILLE FL 32225		2. 4 CITY-5	ST-ZIP			
TITLE	D	☐ DELETE	3.1 TITLE			Char	nge Addition
NAME	HALL, JOHNATHAN		3.2 NAME				
STREET ADDRESS	1531 HARRINGTON PARKE		3.3 STREE	T ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32225		3 4. CITY-S	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			Char	nge
NAME			4, 2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			4.4 CITY-S				
TITLE		☐ DELETE	5.1 TITLE			Chai	nge Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	TADDRESS			
			5.4 CITY-S	iT-ZiP			
CITY-ST-ZIP		☐ DELETE	6.1 TITLE			Chai	nge 🔲 Addition
		(_1 v=	6.2 NAME			-	
NAME				TADDRESS			
STREET ADDRESS			0.3 STREE	!			

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 of the corporation of the attachment with an address, with all other like empowered.