May 06, 1999 8:00 am Secretary of State

05-06-1999 90192 008 ***158.75

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000074624

1. Corporation Name

TITLE

NAME

STREET ADDRESS

DIMURRO ENTERPRISE CORPORATION

Principal Place P.O. BOX 15754 PLANTATION FI	6	Mailing Address P.O. BOX 15756 PLANTATION FL 33318		DO NOT WRITE IN THIS S 3. Date Incorporated or Qualifed 08/26/1998	PACE
Principal Place of Business 2a. Mailing Address		2a. Mailing Address		4. FEI Number	Applied For
21 26				65-0508252	Not Applicable
2227		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State City & 5		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Žip ├──	Country	Zip	Country	8. This corporation owes the current year Intar	ngible ☐ Yes M No
24	9. Name and Address of Current		30	Personal Property Tax. 10. Name and Address of New Registered A	
DIMURRO, PATRICIA C 10733 CLEARY BLVD. #5-212 PLANTATION FL 33324 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes,			81 Namr 82 Stree 83 84 City	FL	85 Zin Code
office or r agent. I a	registered agent, or both, in the State of im familiar with, and accept the obligat	of Florida. Such change was autions of, Section 607.0505. Flori	thorized by the corporati	on's board of directors. I nereby accept the appoint	ment as registered
12.	OFFICERS ANI		13.	ADDITIONS/CHANGES TO OFFICERS AND	
TITLE	DP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	DIMURRO, VINCENT J		1,2 NAME		
STREET ADDRESS			1.3 STREET ADDRESS		}
CITY-ST-ZIP	PLANTATION FL 33318	☐ DELETE	1.4 CITY-ST-ZIP		☐ Change
TITLE	VM	_	2.1 TITLE		_ Change
NAME	PATRICIA C. DIMU	ers	2.2 NAME 2.3 STREET ADDRESS		
STREET ADDRESS	PIDIBOX, 15756	210	2.4 CITY-ST-ZIP		
CITY_ST-ZIP	PINIATION, FE . 33	□ 15/ETE	3.1 TITLE		☐ Change
NAME	1.		3.2 NAME		Ì
STREET ADDRESS		The Application of the Application	3.3 STREET ADDRESS		
CITY-ST-ZIP	1分割された。 ニンド	TJ re	3.4. CITY-ST-ZIP		
TITLE] DELETE	4.1 TITLE		☐ Change
NAME			4. 2 NAME		
STREET ADDRESS	1.0180x1.515-		4.3 STREET ADDRESS		
CITY-ST-ZIP	PHANTAY	···	4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME	Michigan In a second	A. *	5.2 NAME		
STREET ADDRESS	13 2 1000 10 10 10 30	- · · · · -5	5.3 STREET ADDRESS		
	المراج والمستنب والأوا	in mark	CACROVICT ZID		

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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ DELETE

SIGNATURE:

☐ Change

☐ Addition