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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000076442 1. Corporation Name

FILED Mar 03, 1999 8:00 am Secretary of State

03-03-1999 90019 049 ***158.75

DCU INTERNET, INC									
Principal Place of Business	Mailin	ng Address	_		— IIi	 		I DIO GIIII DIS	
3500 GALT OCEAN MILE #1701		GALT OCEAN MILE #	1701						
FORT LAUDERDALE FL 33308 FORT LAUDERDALE FL 33308									
							RITE IN THIS	SPACE	
					1 =-	corporated or Qualifer	d		
					09/01			11.	
2. Principal Place of Business	2a. Ma	ailing Address			4. FEI Nu	mber	~		pplied For
21	26				65-6	286475			lot Applicable
Suite, Apt. #, etc.		uite, Apt. #, etc.			5, Certifca	te of Status Desired	X		Additional Required
22		ity 9 State	_		- 51				
City & State		ity & State				n Campaign Financing und Contribution	, 🗆	•	May Be I to Fees
23 Zin		n	Countr	······································	·	rporation owes the cu	rrent year Int		110 1 003
Zip	— ·	•	30	,	1	al Property Tax.	ment year in	☐ Yes	[X No
24 25 25	29 Address of Current Register		[30]			and Address of New	Registered		
g, Ivallie and	Address of Ourtern Registers	ca Agent	81	1 Name	10, 172		Y		
SAUTTER, C C ES	Q.			<u> </u>					
2900 EAST OAKLA	ND PARK BLVD.		82	2 Street Ad	ddress (P.O. Box	Number is Not Accep	itable)		
SUITE 200			83	3					
FORT LAUDERDAL	E FL 33306							, ,	
			84	4 City			FL	85 Zip	Code
44 Durayant to the provisions	of Sections 607.0502 and 607.	1508 Florida Statute	466	us samed of	orporation submit	s this statement for th	e purpose of	changing it	s registered
			es, ine abov	ve-manneu ca					
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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 chapped, or an an affectment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: //

MATTHEW J. DIAMON