Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90088 021 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999

L Corporation	MEN #: P98000091673			
DMB DATABASE SOLUTIONS, INC.			<u> </u>	
DIVID OF	TIADAGE GOLDHONG, INC.		1 100 HOOK HE WILD HAND GOIN OOM BOND 6011	. 1916: 11010 AND 1210 AND 120
Principal Place	ce of Business Mailing Address		F IDESIDED IN INCH INCH DAME CONT. CONT.	
	FR9 AVE.: #14 1915 W. WATERS AV E.	. #14		
TAMPA FL 336	TAMPA FL 33604	/ Same	DO NOT WORK IN THIS	
120 6	· Oakland PK Blud		DO NOT WRITE IN THIS 3. Date Incorporated or Qualified	SPACE
Spite	Lauderdale FL 33334		10/27/1998	
2. Principal F	Place of Business 2a. Mailing Address	 _	4. FEI Number	Applied For
21	26		59-3540380	Not Applicable
Suite, Apt.	. #, etc. Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional
22	27	· <u> </u>	5, Certicate of Status Desired	Fee Required
City & Star			6. Election Campaign Financing	.\$5.00 May Be
23	28	0	Trust Fund Contribution	Added to Fees
Zip	Country Zip	Country	8. This corporation owes the current year Int	tangible □ Yes □ No
24	25 29 9. Name and Address of Current Registered Agent	30	Personal Property Tax. 10. Name and Address of New Registered	
	o, manual real real real real real real real re	81 Name	10, mand and standards of standards	<u></u>
BON	ND, DAVID			
1915 W. WATERS AVE., #14 120 E. Oakland PK Bistet Address (P.O. Box Number is Not Acceptable) TAMPA FL 33604 Suite 105 83				
TAM	1 PA FL 33604 Soite 105	83	,	· -
	Ft. Landerdale	FL 84 City		las Zin Codo
	33334	84 City	FL	85 Zip Code
11. Pursuant	to the provisions of Sections 607.0502 and 607.1508, Florida Sta	tutes, the above-named c	ornoration submits this statement for the numose of	changing its registered
		والمراجع والمراجع المراجع المراجع أوارا المراجع المراج	orporation addition the attention for the purpose of	
office or i	registered agent, or both, in the State of Florida. Such change wa am familiar with, and accept the obligations of, Section 607.0505,	s authorized by the corpor	ation's board of directors. I hereby accept the appoint	intment as registered
office or i agent. I a SIGNATURE	am familiar with, and accept the obligations of, Section 607.0505,	s authorized by the corpor Florida Statutes.	ation's board of directors. I hereby accept the appoi	intment as registered
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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 changed, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

954-938-0169