## 

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katharine កីន់នៅទ+ 🤼

Secretary of State **DIVISION OF CORPORATIONS** 

**FILED** May 21, 1999 8:00 am Secretary of State

05-21-1999 90002 039 \*\*\*150.00

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DOCUMENT # P98000093954  1. Corporation Name												71	oen <del>e</del> n	- 30013	- 4			
DTC CORP. LORETTO									<u></u>		_=_				<del>-</del>			,
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Principal Place	of Business	M	ailing Address						1 188	t} <b>##</b> 1 tr∎	*****	114 <b>BB</b> 411		,,, <b>,,,</b> ,,	<b>41 20 111</b>	,, ,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
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JACKSONVILLE	FL 32216	JAG	CKSONVILLE FL 32216				1				DO N	W TOP	RITE	N THIS	SPAC	E		_
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									<u>/05/</u>							-	U. A. 5	4
<u> </u>	ace of Business	2a	, Mailing Address				l	4. FE	Num	⇒ A	6-	75	27	7	-	<del></del>	plied For Applicable	╡
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Suite, Apl.	#, etc.	27	Suite, Apt. #, etc.					5. Ce	rtifcat	e of Sta	atus C	esired		3		ee Re	_	
22 City & State	:	12/1	City & State		-			6. Ele	ection	Campa	aign F	inancin	1g -		\$	5.00	May Be	٦
23										nd Con			<u> </u>		<u>^</u> A	aded to	Fees	_
Zip					Country				8. This corporation owes the current year Intangible									
24	25 29			30				Personal Property Tax. A Yes No  10. Name and Address of New Registered Agent										
	9. Name and Address of Current	Regis	stered Agent		81	Name		10. Na	e eme	nd AOC	11088	OT NOV	N Reg	216160	4 Beur	-		┪
BRAN	VT. MOORE, MACDONALD & WE	ILS. F	P A		"'	ŀ												4
	ORTH LAURA STREET				82	Street A	ddres	ss (P.O.	Box I	Numbe	r is No	t Acce	ptable	)				}
SUITE 3100					83			_										7
	SONVILLE FL 32202														105	Zip C	'ode	-
1					84	City								FL	85			
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State	and 6	607.1508, Florida Statute	s, the a	bove	e-named o	orpor	ation su	bmits	this st	ateme	nt for t	he pur	pose of	chang	ing its	registered	
office or r	egistered agent, or both, in the State on familiar with, and accept the obligat	of Flori ions of	da. Such change was at f, Section 607.0505, Flor	uthonzeo ida Stat	d by Lutes	the corpor	ration	rs board	y or all	I OCIOI S.	. 1 1101	edy ac	oepi a	a appoi	· (4116)	, 00 ,00	,	
SIGNATURE																		]_
SIGNATURE	Signature, typed or printed name of registered agen			_	Ager	n signature re	Ghasq M	when reinst	tating)	NO IC	ANCE	S TO		DATE	ID DIE	ECTO	RS IN 12	<b>⊣</b> &
12.	OFFICERS AND DIRECTORS  DEI			13.				ADL	טוווט	NS/CI	ANGE	3100	JF FIC	LNG AI		hange	Additio	CR2E034 (11/98)
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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 eath; 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: \_

Richaliman TYPED ON PROTED NAME OF SIGNING OFFICER OR DIRECTOR