**PROFIT CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90164 011 \*\*\*150.00

## DOCUMENT # P98000103304

1. Corporation Name

**DBG MANAGEMENT CORPORATION** 

	_					
Principal Place of Business Mailing Address						f 1881/685 tra ratel 1811 earlt 8815) editer many editer strat gatti earl 1882.
5005 WEST LAUF SUITE 206		5005 WEST LAUREL STREET SUITE 206	SUITE 206			DO MOT MORE IN THIS SPACE
TAMPA FL 33607	-3839	TAMPA FL 33607-3839	TAMPA FL 33607-3839			DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualifed 12/11/1998
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number Applied For
21		26				59-3546130 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional
22	,					5. Certificate of Status Desired
City & State	)	City & State			6. Election Campaign Financing \$5.00 May Be	
23	28					Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country			8. This corporation owes the current year Intangible Personal Property Tax.
24						
	9. Name and Address of Curre	ent Registered Agent	9	31	Name	10. Name and Address of New Registered Agent
GORDON, DAVID				or rane		
	WEST LAUREL STREET		<b>82</b> S		Street Addres	ss (P.O. Box Number is Not Acceptable)
SUITE			8	33		
	A FL 33607-3839		L	ᆚ		
			8	14	City	FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its r office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as reg agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						ration submits this statement for the purpose of changing its registered is board of directors. I hereby accept the appointment as registered
SIGNATURE	•					
SIGNATURE	Signature, typed or printed name of registered ag	. ,	<u> </u>	gent s	ignature required v	
12.	OFFICERS A	ND DIRECTORS	13.		, p	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE		☐ DELETE	1.1 77714		-	
NAME			1.2 NAMI			AVID GORDON
STREET ADDRESS			1.3 STREET ADDRESS		m	005 W. LAUREL ST., STE. 206 AMPA, FL 33607
CITY-ST-ZIP			1.4 CITY- 2.1 TITLE		T T	
TITLE		Detere	2.2 NAME			ILAN STARFORD
NAME CTDEST ADDRESS			2.3 STREET ADDRESS			005 W. LAUREL ST., STE. 206
STREET ADDRESS			2.4 CITY-ST-ZIP		- 1	AMPA, FL 33607
CITY-ST-ZIP		□ DELETE -	3.1 TITLE		ZIF 1.	Addition Addition
NAME		<b>_</b> •====	3.2 NAME			_ ,
STREET ADDRESS			3.3 STR		DORESS	
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	E 4.1 TITLE			☐ Change ☐ Addition
NAME			4. 2 NAM	Æ	}	
STREET ADDRESS			4.3 STRE	EET A	DORESS	
CITY-ST-ZIP			4.4 CITY			
TITLE			•	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAM	Ε	1	1
STREET ADDRESS			5.3 STRE	EET A	DDRESS	
CITY-ST-ZIP			5.4 CITY	-S1-Z	ZIP	
TITLE		☐ DELETE	6.1 TITLE	Ę		☐ Change ☐ Addition
NAME			6.2 NAM	Ę		
STREET ADDRESS		•	6.3 STRE	EET AS	DORESS	
CITY-ST-ZIP			6.4 CITY	-ST-Z	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 arratiachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

MATURE REQUIRED04/05/99

813-287-1078