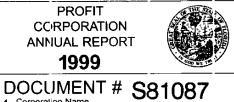
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90138 046 ***158.75

D&M EX	PORTIM CORPORATION					 					
Principal Place of Business PO BOX 7063 PO BOX 7069 SUN CITY FL 33586 Mailing Address PO BOX 7069 SUN CITY FL 33586						_				OLULI OLOLI IOSI	
						1	corporated or Qualifed		017102		
Principal Place of Business 21		2a. Mailing Address	H-7: "		4. FEI!					pp ied For ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	 			5, Certifo	te of Status Desired \$8.75 Ac ditional Fee Required			,	
City & S at	e	City & State	28			1	n Campaign Financing and Contribution		Added to Fees		
Zip 24	Coun ry Zip 29 3		Cou 30	Country 30		Persor	rporation owes the cur al Property Tax.		☐ Yes	<u>) (%) </u>	
	9. Name and Address of Cur	rrent Registered Agent				10. Name	and Address of New	Registere 1	Agent		
DAM	ICOVI: LIENDV			81	Name						
Danecki, Henry 541 Flamingo dr				82	Street Addr	ess (P.O. Box	Number is Not Accept	able)			
APO	LLO BEACH FL 33572			83			<u>,</u>				
				84	City			FL	85 Zip	Code	
office or n	to the provisions of Sections 607 egistered agent, or both, in the St m familiar with, and accept the ob	ate o' Florida. Such change was	authorized	ı by tr	named corp ne corporation	oration submit on's board of o	s this statement for the irectors. I hereby acce	purpose of pt the appo	changing its intment as re	s ragistered egistered	
SIGNATURE											
	Signature, typed or printed name of registered			I Agent s	signature require	d when reinstating)	THO COLLANGES TO CO	DATE	UD DIRECT	OE S IN 12	
12.	D			13.		ADDITIO	NS/CHANGES TO O	FFICERS A	Change	Addition	
TITLE	DANECKI, HENRY J	Clostere		1.2 NAME					_ `	_	
NAME	-44 CLASSINGO DO			1.3 STREET ADDRESS							
STREET ADDRESS	APOLLO BEACH FL 33570										
CITY-ST-ZIP	D	□ DELETE		1.4 CITY-ST-ZIP 2.1 TITLE					Change	Addition	
TITLE	DANECKI, ANDREW H.		2.2 N								
NAME	SAA ELANIMOO DONE				VDDRESS						
STREET ADDRE 3S	APOLLO BEACH FL 33570			ITY-ST-							
CITY-ST-ZIP TITLE	AI CALO DENOTTI E GOOTE	☐ DELETE	3,1 Tf						☐ Change	Addition	
NAME		_	32 N								
STREET ADDRESS			1		ADDRESS					1	
			l l	ITY-ST							
CITY-ST-ZIP TITLE		☐ DELETE	4 1 TF						☐ Change	Addition	
NAME		_	4.2 N								
STREET ADORE IS	İ				NDDRESS						
CITY-ST-ZIP											
TITLE		☐ DELETE		4.4 CITY-ST-ZIP 5 1 TITLE					Change	Addition	
NAME		-	52 N/								
STREET ADDRESS			5.3 ST	TREET A	ADDRESS					ł	
CITY-ST-ZIP				ITY-ST-							
TITLE		☐ DELETE	6.1 TI	TLE					Change	Addition	
NAME			6.2 N/	AME							

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 or derivative that I am an officer or director of the corporation of the decener or trustee employeed 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

64 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRIN

813-645-1188