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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

(4)

oration Name	090479
DTON CEDVICES	INC

FILED

May 13 1998 8:00am

Secretary of State

Principal Place of Business Mailing Address 7700 6TH ST. 7700 8TH ST.			t tantishe iin istil antii nigti tanta tali nigti nigti atoti atoti ateli ateli ateli			
					DO NOT WRITE II	N THIS SPACE
					 Date Incorporated or Qualified 10/25/1991 	
_	lace of Business	2a. Mailing Address		<u>- 1</u>	4. FEI Number	Applied For
21 7700			m &	51.	65-0293642	Not Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22		27 Ct. 8 State				Fee Required
City & Stat	ө	City & State			6. Election Campaign Financing	\$5.00 May Be
Zip	Country	7ip	Count	tru		Added to Fees
24	25 Country		\vdash	чу	8. This corporation owes or has paid	
<u> </u>	9. Name and Address of Curre	29 nt Registered Agent	30		Personal Property Tax due June 3 10. Name and Address of New Regi	
R/	VRROW, WILLIAM A.		8	1 Name	10	
	00 8TH ST.		ļ.,			
	MBROKE PINES FL 33024		١٤	Street Add	fress (P.O. Box Number is Not Acceptable)
, F.	MENONE I HILD I L GOVEY		6	3		
			Ĺ			
			8	4 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607 05	02 and 607 1508 Florida Statut	tes the abo	Ive-named cor	noration submits this statement for the pur	
office or t	registered agent, or both, in the State	e of Florida. Such change was	authorized	by the corpora	poration submits this statement for the pur ition's board of directors. I hereby accept	the appointment as registered
	im familiar with, and accept the oblig	gations of, Section 607,0505, FI	orida Statu	195.		
SIGNATURE	Signature, typed or printed name of registered ag	orest and tibe if applicable (NOT	IE: Registered 6	Agent signature recu	rred when reinstating)	DATE
12.		ND DIRECTORS	13.	7	ADDITIONS/CHANGES TO OFFICE	
TITLE	D	DELETE	1.1 TITU			Change Addition
NAME	BARROW, WILLIAM A.		1.2 NAM	E		· ·
STREET ADDRESS	7700 8TH ST.			ET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL			-ST-ZIP		
TITLE	VS	DELETE	2 1 TITL			Change Addition
NAME	BARROW, MARTHA		2.2 NAM			- • - •
STREET ADDRESS	7700 NW 8 STR			ET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL			r-ST-ZIP		
TITLE		DELETE	3.1 TITL			Change Addition
NAME			3.2 NAM	E]		-
STREET ADDRESS			1	E1 ADDRESS		
CITY-ST-ZIP				r - ST - ZIP		
TITLE		DELETE	4.1 TiTL			Change Addition
NAME			4. 2 NAN	AE I		
STREET ADDRESS			4.3 STR	ET ADDRESS		
CITY-ST-ZIP				-ST-ZIP		
TITLE	<u> </u>	DELETE	5.1 TiTLI			Change Addition
NAME			5 2 NAM	ı		· · · · · · · ·
STREET ADORESS				ET ADDRESS		
CITY-\$T-ZIP				-ST-ZIP		
TITLE		DELETE	6.1 TITLE			Change Addition
NAME		- Officit	6.2 NAM	ļ		T OUNTRO THE VARIETY
_	}			í		
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP	ì		■ 64 C)TY	-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.

Barrow 4/15/98 19511764-0040