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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **V73479**

 Corporation 	on Name						
D&RF	PROFESSIONAL SERVICES, I	NC.					
					A FRANK BERNIK KU DAN MIKEL ALAM KADIR HUTI ATA	LAMAN ALİAN ARAN I	
・ 1 日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日							
Principal Plac	e of Business •	Mailing Address			- I SARAIĆ RINRU LARBA CHIST RIBIT SARUR LAST RIBI	i Bitêli bîbli disk l	PARA, DIDIN 1888
						• .	
5000 NW 95TH DR 5000 NW 95TH DR CORAL SPRINGS FL 33076-2630 CORAL SPRINGS FL 33076-2630							,
US US					DO NOT WRITE IN THIS SPACE		
		•			3. Date Incorporated or Qualifed		
					10/21/1992		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Ar	plied For
21 26					65-0365999	No.	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					\$8.75	Additional	
27				5, Certifcate of Status Desired	Fee Re	equired	
City & Stat	te .	City & State			6. Election Campaign Financing	\$5.00	May Be
23	•	28			Trust Fund Contribution	•	to Fees
Zip	Country	Zip	Country	,	8. This corporation owes the current year I	ntangible	
24	25	29	30		Personal Property Tax.	☐ Yes	☑ No
	9. Name and Address of Current				10. Name and Address of New Registere	d Agent	
	The second secon		81	Name	-		
	RICHARD G.						
5000 NW 95TH DR			82	Street A	ddress (P.O. Box Number is Not Acceptable)		
COF	AL SPRINGS FL 33076		83			2 Alex 1 a	Tag 1 Stage 12 h
		•.					2
	•		84	City		85 Zip (Code
	4. Ill				corporation submits this statement for the purpose	<u> </u>	registered
office or r	registered agent; or both, in the State of the familiar with, and accept the obligation	f Florida. Such change was aut	thorized by	the corpor	ration's board of directors. I hereby accept the app	ointment as re	gistered
SIGNATURE							
O.O.	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	Registered Ager	nt signature rec	quired when reinstating) DATE		
(12) 均值 经从	기반 OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
TITLE	D · ·	☐ DELETE	1.1 TITLE			☐ Change	Addition
NAME	SCHAPIRO, DAVID		1.2 NAME				
STREET ADDRESS	ADDRESS 17712 PINE NEEDLE TERR.		1.3 STREET ADDRESS				
CITY-ST-ZIP	BOCA RATON FL 33487		1.4 CITY-S	T- ZIP			
TITLE	DP	☐ DELETE	2.1 TITLE			Change	Addition
NAME	MIS, RICHARD G		2.2 NAME				
STREET ADDRESS	TARREST AND THE STATE OF THE ST		2.3 STREET ADDRESS				
	CORAL SPRINGS FL 33076-2630	1					
CITY-ST-ZIP	CORAL SPRINGS FL 330/6-2030	DELETE	2. 4 CITY-5 3.1 TITLE	51-ZIP		☐ Change	Addition
TITLE						onango	
NAME	Explained to the second	**	3.2 NAME		•		
STREET ADDRESS			3.3 STREE	TADDRESS			· .
CITY-ST-ZIP	:		3.4. CITY-S	T-ZIP			
TITLE		☐ DELETE	4.1 TITLE			☐ Change	Addition
NAME		A STATE OF THE STA	4. 2 NAME			i,	
STREET ADDRESS			4.3 STREET	T ADDRESS	• •		
CITY-ST-ZIP			4.4 CfTY-S	T-ZIP			
TITLE		DELETE	5.1 TITLE			Change	☐ Addition
NAME	•		5.2 NAME				
STREET ADDRESS			5.3 STREET	TADORESS !			
CITY-ST-ZIP	₽		5.4 CITY-ST-ZIP				
TITLE	CRITICATE CRITIC	☐ DELETE	6.1 TITLE		 	☐ Change	☐ Addition
	17. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18	_, -, -, -, -, -, -, -, -, -, -, -, -, -,	6.2 NAME			Smaringo	
NAME STREET ADDRESS	\$0 M 4433		6.3 STREET	TANNOCCE			

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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED

Jan 21, 1999 8:00am

Secretary of State 01-21-1999 90070 026 ***150.00

CR2E034 (11/98)