

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

FILED
Mar 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K03529 (0)

1. Corporation Name
DOTTIE NASH ENTERPRISES, INC.



Principal Place of Business 524 NORTH HARBOR DRIVE INDIAN ROCKS BEACH FL 33785-3117 US	Mailing Address 524 NORTH HARBOR DRIVE INDIAN ROCKS BEACH FL 34635
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/24/1987	
2. Principal Place of Business 21 1180 GULF Blvd 804 Suite, Apt. #, etc.	2a. Mailing Address 26 1180 GULF Blvd #804 Suite, Apt. #, etc.
22 CLEARWATER FL. City & State	27 CLEARWATER FL. City & State
23 33767 Zip	28 33767 Zip
25 Country	30 Country
4. FEI Number 59-2857692	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

NASH, DOROTHY J
524 N. HARBOR DR.
INDIAN ROCKS BEACH FL 33785

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

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 registered 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 registered agent. I am familiar with and accept the obligations of Section 607.1505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		DELETED
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	NASH, DOROTHY J	
STREET ADDRESS	524 N. HARBOR DR.	
CITY-ST-ZIP	INDIAN ROCKS BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	President	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	Nash, Dorothy J.		
1.3 STREET ADDRESS	1180 Gulf Blvd Apt. 804		
1.4 CITY-ST-ZIP	Clearwater, FL 33767		
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE	300002464343	<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME	-03/23/98--01002--010		
5.3 STREET ADDRESS	***150.00		
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-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.

SIGNATURE: *Dorothy J. Nash*

8/12 11/2 11/2

CR2E034 (10/97)