

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

FILED
Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90050 013 ***158.75

DOCUMENT # P93000068377

1. Corporation Name

DWYER ASSOCIATED SERVICES, INC.

Principal Place of Business

8370 NE 2ND AVE.
MIAMI FL 33138
US

Mailing Address

8370 NE 2ND AVE.
MIAMI FL 33138
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/01/1993

4. FEI Number

65-0370635

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐

☒

2. Principal Place of Business

21 5580 NE 4th Ct

Suite, Apt. #, etc.

22 Suite #2

City & State

23 Miami FL

Zip

24 33137

Country

25 USA

2a. Mailing Address

26 5580 NE 4th Ct

Suite, Apt. #, etc.

27 Suite #2

City & State

28 Miami F

Zip

29 33137

Country

30 USA

9. Name and Address of Current Registered Agent

DWYER, OVRILL
8370 NE 2ND AVE.
MIAMI FL 33138

10. Name and Address of New Registered Agent

81 Name

DWYER OVRILL

82

Street Address (P.O. Box Number is Not Acceptable)

5580 NE 4th Ct

83

Ste #2

84

City Miami

FL

85 Zip Code

33137

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 607.0505, Florida Statutes.

SIGNATURE

Dwyer Ovrill

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

April 9, 1999

12. OFFICERS AND DIRECTORS

TITLE DPST ☐ DELETE

NAME DWYER, OVRILL

STREET ADDRESS 8370 NE 2ND AVE.

CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

5580 NE 4th Ct Ste #2

MIAMI FL 33137

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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, with all other like empowered.

SIGNATURE:

Dwyer Ovrill

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 9, 1999 (305) 756-0550

Date

Daytime Phone #

CRDEN34 (11/98)

0204000