PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # P95000074296 1. Corporation Name DUMI OR & DUMI OR PA

Principal Place of Busine	S
301 N. PARK AVE., STE. A	

FILED Feb 16, 1999 8:00am **Secretary of State**

02-16-1999 90068 015 ***150.00

DUNLUP	& DUNLOP, P.A.							
Principal Place	e of Business	Mailing Address			-	I (SALIGAL IND 1818) BHILL BRICE BRILL SHILL SHI		
301 N. PARK A		301 N. PARK AVE., STE. A						
WINTER PARK	FL 32789	WINTER PARK FL 32789				DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed		
						09/25/1995		
		2a. Mailing Address			···	4. FEI Number Applied For		
2. Principal P	lace of Business	<u> </u>				59-3339750 Not Applicable		
21		Suite, Apt. #, etc.	_			_ \$8.75 Additional		
Suite, Apt.	#, etc.	—				5. Certificate of Status Desired Fee Required		
22		City & State		_		6. Election Campaign Financing \$5.00 May Be		
City & Stat	e	<u> </u>				Trust Fund Contribution Added to Fees		
23	Country	28 Zip	Cou	intry		This corporation owes the current year Intangible		
Zip	Country	⊢ ,	30			Personal Property Tax.		
24	25	29	30	I		10. Name and Address of New Registered Agent		
	9. Name and Address of Currer	it Kegistered Agent		81	Name	10.		
DUN	ILOP, J. ERWIN					<u> </u>		
	N. PARK AVE., STE. A			82	Street Addr	ress (P.O. Box Number is Not Acceptable)		
	TER PARK FL 32789			83				
44114	IEN FAMIL DE109			33				
				84	City	E		
× ,				Ш				
						poration submits this statement for the purpose of changing its registered ion's board of directors. I hereby accept the appointment as registered		
oπice or i	registered agent, or both, in the state im familiar with, and accept the obliga	ations of, Section 607.0505, Flo	rida Stat	utes.				
SIGNATURE								
SIGNATURE	Signature, typed or printed name of registered age			1 Agen	t signature require	ed when reinstating) DATE		
12.	,	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DÉLETE	1.1 Ti					
NAME	KNOWLES DUNLOP, DIANA			AME				
STREET ADDRESS			1.3 S	TREET	ADDRESS			
CITY-ST-ZIP	WINTER PARK FL 32789		_	ITY-SI	T-ZIP	☐ Change ☐ Additi		
TITLE	VPST	☐ ĐELETE	2.1 T	ITLE				
NAME	DUNLOP, J. ERWIN		2.2 N	AME		· · · · · · · · · · · · · · · · · · ·		
STREET ADDRESS	301 N. PARK AVE., STE. A		2.3 S	TREET	TADDRESS			
CITY-ST-ZIP	WINTER PARK FL 32789		2.40	CITY-S	ST-ZIP			
TITLE		☐ DELETE	3.1 T	TLE		☐ Change ☐ Addit		
NAME	,		3.2 N	AME	Ι,			
STREET ADDRESS			3.3 S	TREET	T ADDRESS .	Company of the second second second		
CITY-ST-ZIP			3.4. 0	CITY-S	ST-ZIP			
TITLE		☐ DELETE	4.1 T	ITLE		Change Addit		
NAME			4.21	NAME				
STREET ADDRESS					T ADDRESS			
	1			CITY-S				
CITY-ST-ZIP TITLE	-	☐ DELETE		TILE		☐ Change ☐ Addit		
1			5.2 N	AME				
NAME OTDECT ADDRESS			5.3 8	TREE	TADDRESS			
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CITY-ST-ZIP		☐ DELETE		TITLE		☐ Change ☐ Addi		
TITLE				VAME				
NAME					T ADDRESS			
STREET ADDRES	s				ST-ZIP			
CITY ST. 7ID			0.4 (JII 1-5	or-Lic			

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 granged or on an attach per with an address, with all other like empowered.

SIGNATURE: