

05171999-90053-036-\$150.00-\$150.00

**FILED**  
**May 17, 1999 8:00 am**  
**Secretary of State**

05-17-1999 90053 036 \*\*\*150.00

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 # P98000043992 ✓

1. Corporation Name

Dabi Enterprises, Inc. ✓

Principal Place of Business Mailing Address

417 Kostner Street  
Port Charlotte, FL 33954

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
5-13-98

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

65-0834964 ✓

Apply For  
Not Applicable

21. State, Apt. #, etc.

26. State, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22. City & State

27. City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23. Zip

Country

28. Zip

Country

8. This corporation owes the current year Intangible Personal Property Tax

Yes No

24. Zip

Country

29. Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81. Name

Dan Montgomery

82. Street Address (P.O. Box Numbers is Not Acceptable)

417 Kostner St.

83. City

Port Charlotte

FL

85. Zip Code  
33954

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

*Dan Montgomery*

(NOTE: Registered Agents should be qualified and bonded)

6/1/99

12. OFFICERS AND DIRECTORS

TITLE: President  DELETE

NAME: Billie Bass

STREET ADDRESS: 417 Kostner Street

CITY-STATE-ZIP: Port Charlotte, FL 33954

TITLE: Secretary  DELETE

NAME: Dan Montgomery

STREET ADDRESS: 417 Kostner Street

CITY-STATE-ZIP: Port Charlotte, FL 33954

TITLE:  DELETE

NAME:

STREET ADDRESS:

CITY-STATE-ZIP:

TITLE:  DELETE

NAME:

STREET ADDRESS:

CITY-STATE-ZIP:

TITLE:  DELETE

NAME:

STREET ADDRESS:

CITY-STATE-ZIP:

TITLE:  DELETE

NAME:

STREET ADDRESS:

CITY-STATE-ZIP:

TITLE:  DELETE

NAME:

STREET ADDRESS:

CITY-STATE-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE:  Change  Add

12 NAME:

13 STREET ADDRESS:

14 CITY-STATE-ZIP:

21 TITLE:  Change  Add

22 NAME:

23 STREET ADDRESS:

24 CITY-STATE-ZIP:

31 TITLE:  Change  Add

32 NAME:

33 STREET ADDRESS:

34 CITY-STATE-ZIP:

41 TITLE:  Change  Add

42 NAME:

43 STREET ADDRESS:

44 CITY-STATE-ZIP:

51 TITLE:  Change  Add

52 NAME:

53 STREET ADDRESS:

54 CITY-STATE-ZIP:

61 TITLE:  Change  Add

62 NAME:

63 STREET ADDRESS:

64 CITY-STATE-ZIP:

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 112.07(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:

*Dan Montgomery*

(SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

6311

DATE: 4/27/99