Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90062 044 ***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 # S28815

1. Corporation Name WILLIAM DINION INO

K) HOLL	JINGS, INC.						1 A MARIO MARIO PARA 1	##### ################################	11 11111	
Principal Place	of Business	Ma	iling Address	•				B1011 \$1811 0101		
C/O GEOFFREY	RANDALL	C/C	GEOFFREY RANDALL							
201 S BISCAYNE BLVD 1800 MIAMI CNTR 201 S BISCAYNE BLVD 16				maim 008	I CN	NTR	DO NOT WRITE IN THIS SPACE			
MIAMI FL 33131 MIAMI FL 33131							3. Date Incorporated or Qualifed			
							02/01/1991	Applied F		
2. Principal Pl	ace of Business	2a.	Mailing Address				4. FEI Number	+		
21		26					65-0255167	Not Applic		
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				l e Contifonto of Statue Desired	. 75 Addition se Required		
22		27	-0': 00'-1							
City & State	9 1.1.		City & State					.00 May Bolded to Fees		
23		28	7:		nte (_	(10011010000000000000000000000000000000		<u>'</u>	
Zip	Country	29	Zip Country				8. This corporation owes the current year Intangible Personal Property Tax ☐ Yes ☐ No			
24	25		30				Personal Property Tax. Lives Lino 10. Name and Address of New Registered Agent			
	9. Name and Address of Curre	nt Regist	ered Agent		81	Name	10. Name and Address of New Registered Agent		1	
COR	DODATION COMPANY OF MIA	aı			וייו	Name				
CORPORATION COMPANY OF MIAMI					82	Street Address (P.O. Box Number is Not Acceptable)			1	
201 S. BISCAYNE BLVD.										
	MIAMI CENTER				83					
MIAMI FL 33131						City	85	Zip Code		
						l -	FL T			
office or re	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig-	of Florid	a. Such change was a	utnonzec	עם ו	the corporation	oration submits this statement for the purpose of changi on's board of directors. I hereby accept the appointment	as registere	d	
SIGNATURE	Signature, typed or printed name of registered ag-	ent and title i	f applicable. (NOTE	: Registered	Age∩	nt signature required				
12.	OFFICERS A	ND DIRE		13.			ADDITIONS/CHANGES TO OFFICERS AND DIR			
TITLE	DPST		☐ DELETE	1.1 TE	ΠE		□ cı	ange L	Addition	
NAME	JONES, KATHLEEN WYNN		1.2 NAME			•				
STREET ADDRESS	17090 ROCKRIDGE RD			1.3 \$7	REE!	TADORESS	•			
CITY-ST-ZIP	POLK CITY FL		•	1.4 CI	TY-S	T-ZIP				
TITLE	•	☐ DELETE	2.1 TI	2.1 TITLE			iange 🗀 i	Addition		
NAME .				2.2 N	AME		•		j	
STREET ADDRESS	• •			2.3 \$1	REE	TADDRESS			ļ	
CITY-ST-ZIP	·:			2.40	ITY- S	ST-ZIP				
TITLE	was a second of the second of	-	DELETE	`3.1 π	TLE	-		nange * 1 🗆 🗗	Addition	
NAME				3.2 N/	AME				-	
STREET ADDRESS				3.3 S	TREET	TADDRESS	·		\ \	
CITY-ST-ZIP	-					ST-ZIP				
TITLE			. DELETE	4.1 TI				ange 🔲	Addition	
NAME	,			4. 2 N	AME	\			- 1	
STREET ADDRESS	A					T ADDRESS				
						ST-ZIP	,		}	
CITY-ST-ZIP	Lar.		☐ DELETE	5.1 Ti			Q	nange 📋	Addition	
				5.2 N			_			
NAME						TADDRESS				
STREET ADDRESS	`					51-ZIP			(
CITY-ST-ZIP	:		☐ DELETE	6.1 TJ				nange 🗍	Addition	
TITLE	l		,			ı				

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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP