Mar 01, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 601911

1. Corporation Name

| ATKINSO | ON, DINER, STONE, MANK | Mailing Address | | | | | | | | | |
|---|--|---|---|--|---|--|--|-------------------------|----------------------------|-------------------|------------------------|
| 1946 TYLER ST | • | 1946 TYLER ST | | | | | | | | | |
| HOLLYWOOD FL 33020 HOLLYWOOD FL 33020 | | | | | | | | DO NOT WRI | TE IN THIS | SPACE | |
| | | | | | | ŀ | 3. Date Incorporate | | | | |
| | | | | | | | 01/29/1970 | | | | |
| 2. Principal P | lace of Business | 2a. Mailing Address | | | | | 4. FEI Number | | | - I I | Applied For |
| 21 | | 26 | | | | | 59-1285529 | | | | Not Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | | | 5. Certifcate of Sta | tus Desired | | | Additional · |
| 22 | | 27 | | | | | | | | | Required |
| City & Stat | е | City & State | | | | | 6. Election Campai | | | • | May Be |
| 23 | | 28 | | | | | Trust Fund Cont | | | | d to Fees |
| Zip | Country | Zip | | untry | | | 8. This corporation | | rent year In | tangible XXYes | □No |
| 24 | 9. Name and Address of Currer | 29 Agent | 30 | т— | | | Personal Proper 10. Name and Add | | Registered | | |
| | 9. Name and Address of Currel | ır vaðisratan viðaur | | 81 | Name | | IV. IVANIO AIRO AUG | | | | |
| ATKINSON, WILSON C. HI | | | | | | | | | | | |
| 1946 TYLER ST | | | | 82 | Street | eet Address (P.O. Box Number is Not Acceptable) | | | | | |
| HOL | LYWOOD FL 33020 | | | 83 | | | | | | | |
| | | | | | | | | | | 11 - | 0.1. |
| | | | | 84 | City | | | | FL | _ 85 Zi | p Code |
| office or r | to the provisions of Sections 607.050 egistered agent, or both, in the State | of Florida. Such change was | authorize | M DV | the corp | oration's | s board of directors. | I hereby acce | pt the appo | intment as | registered |
| office or r | to the provisions of Sections 607.055 registered agent, or both, in the State in familiar with, and accept the obligations of the state | of Florida. Such change was atlons of, Section 607.0505, Fl | authorize orida Sta | d by tutes. | tne corp | ooration s | s Doard of directors. | i nereby acce | DATE | monen as | registered |
| office or r agent. I a | egistered agent, or both, in the State in familiar with, and accept the obligation Signature, typed or printed name of registered age | of Florida. Such change was ations of, Section 607.0505, Flort and little if applicable. (NOT ND DIRECTORS | authorize orida Sta | tutes. | tne corp | required wf | nen reinstatting) ADDITIONS/CHA | i nereby acce | DATE | ND DIREC | TORS IN 12 |
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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:

CITY-ST-ZIP