## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

681901

(5)

DOLINS, INC.

Place	Business

Mailing Address

## FILED May 05 1998 8:00am Secretary of State



Suite, Apt. 4, etc.    Suite, Apt. 4, etc.   Suite, Apt. 6, etc.	
2. Principal Place of Business   2. 2. Making Adulress   3. 5. 92030214	
Suite. April #, etc.  27 City & State 28 City & State 29 City & State 29 Country 20 20 20 Country 20 20 20 Country 20 20 20 Country 20 20 20 Country 20 20 20 Country 20 20 20 20 20 20 20 20 20 20 20 20 20	pplied For
Suito, April **, etc.   27	ot Applicable
28   Trust Fund Contribution   Added 1   Add	Additional equired
Zip Country Zip Country Zip Country Zip Country Registered Agent Zip Sign Personal Property Tax due June 30.	
PRAHL DONALD R 9292 79TH AVE N LARGO FL 34647  11. Pursuant to the provisions of Sections 607 (602 and 607 1508; Fiorida Statutes, the above-named corporation automits this statement for the purpose of changing its agent. I and term terminal with, and accept the obligations of Sections 607 (602 and 607 1508; Fiorida Statutes, the above-named corporation automits this statement for the purpose of changing its agent. I and terminal with, and accept the obligations of Section 607 (602 and 607 0505; Fiorida Statutes, the above-named corporation automits this statement for the purpose of changing its agent. I and terminal with, and accept the obligations of Section 607 0505; Fiorida Statutes, the above-named corporation automits this statement for the purpose of changing its agent. I and terminal with, and accept the obligations of Section 607 0505; Fiorida Statutes, the above-named corporation automits this statement for the purpose of changing its agent. I and terminal with, and accept the obligations of Section 607 0505; Fiorida Statutes, the above-named corporation automits this statement for the purpose of changing its agent. I and terminal with, and accept the obligations of Section 607 0505; Fiorida Statutes, the above-named corporation automits this statement for the purpose of changing its agent. I am terminal with, and accept the obligations of Section 607 0505; Fiorida Statutes, the above-named corporation automits this statement for the purpose of changing its agent accept the obligations of Section 607 0505; Fiorida Statutes, the corporation automits this statement for the purpose of changing its agent accept the obligations of Section 607 0505; Fiorida Statutes, the corporation automits this statement for the purpose of changing its agent accept the obligations of Section 607 0505; Fiorida Statutes, the accept the obligations of Section 607 0505; Fiorida Statutes, the accept the obligations of Section 607 0505; Fiorida Statutes, the accept the obligations of Section 607 0505; Fiorida Statutes, the acce	
10, Name and Address of Current Registered Agent   10, Name and Address of New Registered Agent   10, Name and Address of Name and Addr	∏ No
### \$22   First Address (P.O. Box Number is Not Acceptable)  ### \$22   Street Address (P.O. Box Number is Not Acceptable)  ### \$2   Street Address (P.O. Bo	
B2   Street Address (P.O. Box Number is Not Acceptable)	
LARGO FL 34647    BS	
11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Fiorital Statues to the above-named corporation submits this statement for the purpose of changing its office or registered agent, or both, in the State of Foreta, Such change was submitted by the corporation's board of directors. Thereby accept the appointment as agent I am familiar with, and accept the obligations of, Socion 607,0505, Fiorital Statues.    Signature   Special or parametra insert or registered Agent special or special or special insert or registered Agent special or required who reinstating)   DATE     12.	
TILE PTENDRESS OF Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing it 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 agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes.  SIGNATURE  Signature, byerd or restate trainer of registered agent and ton' registered agent spatiare received when reinstating.  12. OF FICE RS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11.1 Init.  PT. URLE PT. DONALD R. 12 NAME 12 NAME 12 NAME 12 NAME 12 NAME 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR 14.4 DITYST-2P 14.4 DITYST-2P 14.5 DIRECTOR 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR 14.5 DIRECTOR 14.5 DIRECTOR 15.5 DIR	
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11. Pursuant to the provisions of Sections 607 6020 and 607 1506, Florida Statutes, the above named corporation submits this statement for the purpose of changing its office or registered agent, or both, in the State of Florida. Such change was submorzed by the corporation's board of directors. I hereby accept the appointment as agent, I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.  SIGNATURE	Code
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CITY-ST-ZIP  14. Thereby 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	

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 armual 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.

IONATURE POR PORTO PORTO PORTO 4/27/92 P13-CSC-2434