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 # 681901 1. Corporation Name

DOLINS, INC.

FILED Jan 22, 1999 8:00am **Secretary of State** 01-22-1999 90064 025 ***150.00



							<u> </u>
Principal Pla	ce of Business	Mailing Address			- k indisid brian sarah tidin sairi adit	T ISBN e fori dis ii disii di	.BIO 01001 01001 1000
	801 62ND AVE N. ST. PETESBURG FL 33702 ST. PETESBURG FL 33702			•			
, and the same					DO NOT WRITE IN THIS SPACE		
	•				3. Date Incorporated or Qualifed		
	•				08/12/1980		
2. Principal i	Place of Business	2a. Mailing Address			4. FEI Number		Applied For
21	•	26			59-2030214		Not Applicable
Suite, Apt	. #, etc.	Suite, Apt. #, etc				_ \$8.7	5 Additional
22	,	27			5. Certifcate of Status Desired	1 1	Required
City & State City & Sta					6. Election Campaign Financing	_ \$5 (00 May Be
23		28			Trust Fund Contribution		ed to Fees
<u> </u>		Zip	Zip Country		This corporation owes the current year Intangible		
24	25 29		[30]		Personal Property Tax.	∏ Yes	No I
	9. Name and Address of C		1001		10. Name and Address of New Re	gistered Agent	
	B	*	8	1 Name		-	
PR/	AHL, DONALD R		Ĺ				
929	2 79TH AVE N		82 Street Ad		ress (P.O. Box Number is Not Acceptable	e)	
	RGO FL 34647		-	3	2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	 	* 1 1 1 1 1 1 1 1 1 1
	· = · · · ·		"				
•			 	4 City		₽ 85 Z	ip Code
the party of				<u> </u>		<u> FL </u>	
office or	registered agent, or both, in the \$	State of Florida. Such change v	vas authorized t	y the corporati	poration submits this statement for the pu ion's board of directors. I hereby accept	urpose of changing the appointment as	its registered registered
_	am familiar with, and accept the c	obligations of, Section 607.0505	o, riorida Statute	3 8.			
SIGNATURE	Signature, typed or printed name of register	ad event and title if acalianhle	(NOTE: Desistered *	ant cionatura con in	ad when reinstating	DATE	
12.		S AND DIRECTORS	(NOTE: Registered Ac	Jeru signature requin	ADDITIONS/CHANGES TO OFFIC		TORS IN 12
TITLE	PT	DELET DELET			ADDITIONS/CHANGES TO OFFIC	CERS AND DIREC	
	PRAHL, DONALD R.	_ 5				□ ô.wané	,
NAME	•		1.2 NAMI	1			ļ
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP	ST. PETESBURG FL	- Tabeles	1.4 CITY				
TITLÉ	VS	DELET	1	1		Chang	ge 🗌 Addition
NAME	PRAHL, LINDA M.		2.2 NAME			j.	
STREET ADDRESS			2.3 STRE	ET ADDRESS		4.0	,
CITY-ST-ZIP .	ST. PETESBURG FL	<u>*</u>	2. 4 CITY	-ST-ZIP			
TITLE	a Constitution to the same	☐ DELET	E 3.1 TITLE			☐ Chang	ge 🗌 Addition
NAME			3.2 NAME	<u> </u>	•		
STREET ADDRESS	1 7的各名形式		3.3 STRF	ET ADDRESS			
CITY-ST-ZIP	MARL MALL	•	3.4. CITY				
TITLE		☐ DELET				☐ Chain	je 🔝 Addition
		_	4. 2 NAM				,
NAME OF TARREST	2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1	* * * * * * * * * * * * * * * * * * *		-			
STREET ADDRESS	F 27.			ET ADDRESS	•		
CITY-ST-ZIP			4.4 CITY-				
TITLE		DELET		1		Chang	ge Addition
NAME			5.2 NAME				
STREET ADDRESS	P			ET ADDRESS			
CITY-ST-ZIP ·	<u> </u>		5.4 CITY-				
TITLE	8 08 04 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	☐ DELET	E 6.1 πήLE			Chang	ge Addition
NAME	SAN SOFT		6.2 NAME	:			
STREET ADDRESS	\$P\$ 化共和分配		6.3 STRE	ET ADDRESS			ļ
CITY OT 710	NO CONTRACTOR		84 CITY	CT 7ID			

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 empoyeered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 or Block.13 if changed, or on an attachment with an address, with all other like empowered.

CR2E034 (11/98)