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PROFIT
CORPORATION
ANNUAL REPORT
1998

DOCUMENT #
DICK ANDERSON &



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

(6)

OCUMENT # F10993
DICK ANDERSON & ASSOCIATES, INC.

(6

## FILED Apr 28 1998 8:00am Secretary of State

Principal Place of Business Mailing Address						i in dii ha i i di i ndii adiin takib ibibb iii i didii didii didii di	Ait Bikir Bikit Bibit 1881
7855 S.W. 104TH STREET MIAMI FL 33156		7855 S.W. 104TH STREET MIAMI FL 33156				DO NOT WRITE IN THIS SPACE	
						<ol> <li>Date Incorporated or Qualified</li> <li>12/08/1980</li> </ol>	
2. Principal Pla	ice of Business	2n. Mailing Add	2n. Mailing Address			4. FEI Number	Applied For
11		26				59-2043646	Not Applicable
Suite, Apt. #,	, etc	Suite, Apt. #	Suite, Apt. W. etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	<b>⊢</b> ′			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 14	Country 25	Z)p	Zip Country			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No	
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent		
JACOBY, JOSEPH M				81	Name		
	5 S.W. 104TH STREET MI FL 33156				82 Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85 Zip Code
11. Pursuant to office or reg agent. I am	gistered and it, or both, in the St	0502 and 607.1508, Flor tate of Florida. Such cha oligations of, Section 607	noe was autho	orized by	the corr	corporation submits this statement for the purpose of cooration's board of directors. I hereby accept the appoint	hanging its registered nament as registered
SIGNATURE 5	and the state of t	Tisk out word little it applie at te	(NOTE Rec	pistered Age	ont eignature	required when reinstating)	
12. OFFICERS AND DIRECTORS 13.			13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE P DELETE 1.1 TIT				1.1 TITLE			Change Addition

MACOBY, JOSEPH 1.2 NAME NAME 7855 S.W. 104TH STREET 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL CITY - ST - ZIP 1.4 CiTY-ST-ZiP DELETE Change Addition TITLE 2.1 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP DELETE ☐ Addition Change 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 City-St-ZiP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change ■ Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** 

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 information indicated on this annual report or supplimental 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 507, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, of orriginal and officers.

6.4 CiTY-ST-ZiP

CICNATURE.

CITY - ST - ZIP

16/19 205-546-0