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 #
1. Corporation Name F9400003898 (3)

ВО	B DOMINICK	INC.								
Principal Place of Business Mailing Address							L GAMILLAM TLIA FRUIL DEBNI BONN ANNI M	OSSI ODSIS ODSOD SIII)) (0/10 OB)O	i iek i ee i
3327 JADEWOOD CIRCLE 3327 JADEWOOD CIRC PO BOX 775 PO BOX 775 TARPON SPRINGS FL 34689 TARPON SPRINGS FL					9	DO NOT WRITE IN THIS SPACE				
							3. Date Incorporated or Qualified 07/26/1994			l I
2. Princ	pal Place of Busin	2a, Mailing Address			4. FEI Number		LADI	olied For		
21		26			58-2017090			Applicable		
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. Certificate of Status Desired	□ \$	8.75 A		
City & State			City & State			A Floring Compains Floring			·	
23			28				6. Election Campaign Financing Trust Fund Contribution		\$5.00 to Added to	
Zip		Country	Zip	_	Country	4	8. This corporation owes or has p			
24		25	29	3	0		Personal Property Tax due Jun			No
		and Address of Curren	t Hegistered Agent	<u> </u>	81	Name	10. Name and Address of New R	egistereo Age	<u>nt</u>	
DOMINICK, ROBERT B JR						INAMIE			_	
3327 JADEWOOD CIRCLE TARPON SPRINGS FL 34689					82	Street Add	ress (P.O. Box Number is Not Accepte	ible)		
						City		FL ⁸	5 Zip C	ode
11. Purs offic age	uant to the provise or registered ag nt. I am familiar wi	ions of Sections 607.050, ent, or both, in the State th, and accept the obliga	2 and 607.1508, Flo of Florida. Such cha ations of, Section 60	rida Statutes, ange was aut 7.0505, Florio	, the abov horized by da Statute	e-named corp y the corpora s.	poration submits this statement for the tion's board of directors. I hereby acceptant	purpose of cha ppt the appoint	inging its	registered egistered
SIGNATI		or printed name of registered age	ol and title if applicable	(NOTE: F	Registered An	ent signature regul	red when reinstating)	DATE		
12. OFFICERS AND						om bignatare requi	ADDITIONS/CHANGES TO OFF		RECTOR	S IN 12
TITLE	PCST			DELETE	1.1 TITLE				Change	Addition
NAME	DOMINK	CK, ROBERT B JR			1.2 NAME					
STREET ADD	RESS 3327 JA	DEWOOD CIRCLE			1.3 STREET	ADDRESS				
CITY-ST-ZI	P TARPON	SPRINGS FL 34689			1.4 CITY-5	ST-ZIP				
TITLE				DELETE	2.1 TITLE				Change	☐ Addition
NAME	1			'	2.2 NAME	Ì				
STREET ADD	PRESS				2.3 STREET	T ADDRESS				
CITY-ST-ZI	P				2. 4 CITY-	ST-ZIP				
TITLE	Ì		L)	DELETE	3.1 TITLE				Change	Addition
NAME					3.2 NAME					
STREET ADD	ress				3.3 STREET	F ADDRESS				
CITY-ST-ZI	P			D.C. D.T.C.	3.4. CITY-	ST-ZIP			-	4.4300
TITLE			L_J	DELETE	4.1 TITLE			L	Change	Addition
NAME					4. 2 NAME					
STREET ADD					4.3 STREET					
CITY-ST-ZI	P			DELETE	4.4 CITY - 5	ST-ZIP			Change	Addition
TITLE			ш,	DETETE	5.1 TITLE			U	Ollanije	AUUIIIUII
NAME					5.2 NAME					-
STREET ADD	rress				5 3 STREET	T ADDRESS				

14. Thereby certify that the information supplied with this filling 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 trustoe 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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

FILED

Apr 09 1998 8:00am

Secretary of State