

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

FILED
Jan 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000005067 (0)

1. Corporation Name
DARK LINE, INC.

Principal Place of Business

Mailing Address

200 1ST SE STE 1313
CEDAR RAPIDS IA 52407

200 1ST SE STE 1313
CEDAR RAPIDS IA 52407



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 P.O. BOX 74948		09/26/1997	
22 City & State		27 CEDAR RAPIDS		4. FEI Number	
23 Zip		28 IA		42-1286470	
24 Country		29 US		5. Certificate of Status Desired	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
WILSON, LOWELL H 217 FAIRWAY WEST JUPITER FL 33469		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	
		85 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered 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 registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	BLYTHE, ROBERT C	1.2 NAME	
STREET ADDRESS	200 1ST ST SE., STE 1313	1.3 STREET ADDRESS	
CITY-ST-ZIP	CEDAR RAPIDS IA	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	
NAME	STEVENS, ELLEN	2.2 NAME	
STREET ADDRESS	200 1ST ST SE., STE 1313	2.3 STREET ADDRESS	
CITY-ST-ZIP	CEDAR RAPIDS IA	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	
NAME	BLYTHE, SANDRA L	3.2 NAME	
STREET ADDRESS	200 1ST ST SE., STE 1313	3.3 STREET ADDRESS	
CITY-ST-ZIP	CEDAR RAPIDS IA	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE

RC BLYTHE

CR2E034 (10/97)