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

Mailing Address

290 SE 6TH AVE **DELRAY BEACH FL 33493**

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G03543

1. Corporation Name

Principal Place of Business

290 SE 6TH AVE DELRAY BEACH FL 33483

D & P DAWSON, INC.

FILED
May 07, 1999 8:00 am
Secretary of State
05 07 1000 001 00 020 ***1 50 00

05-07-1999 90169 039



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

10/07/1982

2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	Apı	pited For
21		26		_	59-2230514	No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required	
22 27 City & State City & State					6. Election Campaign Financing	\$5.00	May Be
				Trust Fund Contribution Added to Fees			•
23	Country	Zip	Cou	ntry	8. This corporation owes the current year Inta	ngible	
24	25 29 30			·		Yes	□No
241	9. Name and Address of Current		100,		10. Name and Address of New Registered A	gent	
	<u> </u>			81 Name			
FAIRCLOUGH, MICHAEL J 2845 N MILITARY TRAIL				82 Street Address (P.O. Box Number is Not Acceptable)			
				82 Street Addr	ess (P.O. Box Number is Not Acceptable)		
8				83			
W P	ALM BCH FL 33409					Ta-1 3: /	
				84 City	FL	85 Zip (Jøde -
44 - Dumania - 4	to the previolence of Spetions 607 050	2 and 607 1508 Florida Sta	tutes the al	nove-named com	oration submits this statement for the purpose of o	hanging its	registered
office or F	registered agent or both in the State (of Florida. Such change was	s autnonzeo	by the corporation	on's board of directors. I hereby accept the appoin	tment as re	gistered
agent. I a	m familiar with, and accept the obligation	tions of, Section 607.0505, F	Florida Stati	ites.			
SIGNATURE			TE 0 1 -1	Agent signature require	d when reinstating) DATE		
<u>-</u> -	Signature, typed or printed name of registered agen	nt and title if applicable. (NC	13.	Agent signature require	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	RS IN 12
12.		DELETE	1.1 TI	16	ADDITIONS OF PARTY OF STATE OF	Change	Addition
TITLE	VSD						
NAME .	DAWSON, PAMELA		1.2 NA	3			
STREET ADDRESS	2649 FLORIDA BLVD #513			REET ADDRESS			
CITY-ST-ZIP	DELRAY BCH FL	Closustr		Y-ST-ZIP		Change	Addition
TITLE	PTD	☐ DELETE	2.1 TT			[_] Change	
NAME	DAWSON, DOUGLAS		2.2 N	ME			
STREET ADDRESS	2649 FLORIDA BLVD #513		2.3 \$7	REET ADDRESS			
CITY-ST-ZIP	DELRAY BCH, FL 00000			TY-ST-ZIP			Addition
TITLE	-	☐ DELETE	3.1 77	lE .		Change_	Addition
NAME			32 N/	ME			
STREET ADDRESS	:		3.3 51	REET ADDRESS			
C/TY-ST-ZIP			3.4. C	TY-ST-ZIP			
MILE		☐ DELETE	4.1 Tf	le		Change	Addition
NAME	1		4. 2 N	AME -			
STREET ADDRESS			4.3 ST	REET ADDRESS			
CITY-ST-ZIP			4.4 CI	TY-ST-ZIP			
TITLE		☐ DELETE	5.1 π	le		Change	Addition
NAME	}		5.2 N/	WE			
STREET ADDRESS	,		5.3 \$1	REET ADDRESS			
· CITY-ST-ZIP)		5.4 CI	TY-ST-ZIP			
TITLE		☐ DELETE	6.1 TÎ	î.E		Change	Addition
NAME			6.2 N	ME)			
STREET ADDRESS			6.3 S1	REETADORESS			
CITY-ST-ZIP	1		6.4 CI	TY-ST-ZIP			
	certify that the information supplied wi	ith this filing does not qualify	for the exe	mption stated in s	Section 119.07(3)(i), Florida Statutes, I further cert	ify that the i	intormation
indicated	on this annual report or supplementa	I annual report is true and a	covrate and	that my signature	e shall have the same legal effect as if made under	r cath; that	l am an ears in
officer or Block 12	or Block 13 if changed, or on an attact	liver or trustee empowered to chment with an address, with	n all other lik	is report as requ e empowered.	Section 119.07(3)(), Florida Statutes, 1 facilities of the shall have the same legal effect as if made under the same statutes, and that my control of the same statutes and that my control of the same statutes.	· · · · · · ·	
			4 1				

CR2E034 (11/98)