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 #

G26054

(8)

DAWN GOOD, INC.

FILED Mar 20 1998 8:00am Secretary of State

Principal Place of Business Mailing Address						- TOO PAR GOLD INDID BAHIL BOIDL BINIL BIDI BIDI		BIO BABUI DIBIN NGBI
11260 N.W. 43RD STREET 11260 N.W. 43RD STREET PO BOX 9477 PO BOX 9477			EET					
CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
						03/02/1983		
2. Principal Place of Business 2a. Mailing Address						4, FEI Number		Applied For
21		26				59-2260176		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.7	5 Additional
22	27				5. Certificate of Status Desired	Fee	e Required	
City & Stat	е	City & State	– '			6. Election Campaign Financing		00 May Be
23 Zip	Country	28	Cou	intry		Trust Fund Contribution		led to Fees
24	. 25	29	30	II III Y		This corporation owes or has paid the corporation of the	urrent yea. □ Yes	r Intangible
29]	g. Name and Address of Current		30	r	·····	10. Name and Address of New Registered		
<u> </u>	AURPHY, MARK B.			81	Name			
11260 N.W. 43RD STREET CORAL SPRINGS FL 33065				82	Stroot Addre	ess (P.O. Box Number is Not Acceptable)		
				62	Sileet Addre	955 (F.O. BOX (NUMBER IS NOT ACCEPTABLE)		
_				83				
				84	City		85	Zip Code
					·	F	_ `	`
office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State or im familiar with, and accept the obligat	of Florida. Such change was a	d by	the corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the ap	of changir pointmen	ng its registered t as registered	
SIGNATURE								
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered					nt signature require		0.0000	
TITLE			13. 1.1 Ti	TI C		ADDITIONS/CHANGES TO OFFICERS AT	D DIREC	
NAME	MURPHY, MARK B.						C Onan	nge C Addition)
STREET ADORESS	AAAAA AAAA AAAA AAAAA AAAAAAA				ADDRESS			
CITY-ST-ZIP	00011 0001100 71		1.4 CITY-ST-ZIP					
TITLE	OTTAL OF INTOOTE	DELETE	2.1 TITLE			·····	Chan	ge Addition
NAME	. 2.2			ME				
STREET ADDRESS			2.3 STREET ADI		ADDRESS			
CITY-ST-ZIP			2. 4 CITY		IT-ZIP			
TITLE		☐ DELETE	3.1 TITLE				Chan	ge Addition
NAME			3.2 NA	ME				
STREET ADDRESS			3.3 S1	REET	ADDRESS			
CITY-ST-ZIP			3.4. C		T-ZIP			
TITLE		L DELETE	4.1 70				☐ Chan	ge L. Addition
NAME			4. 2 N					
STREET ADDRESS					ADDRESS			1
CITY-ST-ZIP		☐ DELETE	4.4 CI		- ZIP		Chan	ge Addition
TITLE NAME		□ brrrig	5.1 Till 5.2 NA				L. J Uldi	An myodition
					ADDRESS			
STREET ADDRESS CITY-ST-ZIP			5.4 CI					
TITLE		DELETE	6.1 TO		- 211		Chan	ge Addition
NAME		<u>—</u>	6.2 NA					
STREET ADDRESS					ADDRESS			1
CITY-ST-ZIP 64CI				1				
4 4 1 1 1 1 1 1 1	70 of 10 or 1 or 10 or 1		-		 			

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.

MONATURE. MOURS HANDLE MONLER MUNCHER 3/13/08 (954) 255049