

COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 09, 1999 8:00 am
Secretary of State

07-09-1999 90014 038 ***550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **G43812**

Corporation Name
ADDISON/DICUS CO. INC.



Principal Place of Business: 15 N WILLOW AVE, C/O GARY DICUS, TAMPA FL 33606
 Mailing Address: 315 N WILLOW AVE, C/O GARY DICUS, TAMPA FL 33606, US

DO NOT WRITE IN THIS SPACE

2a. Mailing Address: 26, 27, 28, 29, 30
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Date Incorporated or Qualified: 06/15/1983
 4. FEI Number: 59-2300209 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
 8. This corporation owes the current year Intangible Personal Property: Yes No

9. Name and Address of Current Registered Agent
DICUS, GARY A.
315 N WILLOW AVE
TAMPA FL 33606

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City FL 85 Zip Code

I, 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

OFFICERS AND DIRECTORS		13.
NAME	PST DICUS, GARY A. [] DELETE	1.1 TITLE
STREET ADDRESS	315 N WILLOW AVE	1.2 NAME
CITY-ST-ZIP	TAMPA FL	1.3 STREET ADDRESS
		1.4 CITY-ST-ZIP
NAME	[] DELETE	2.1 TITLE
STREET ADDRESS		2.2 NAME
CITY-ST-ZIP		2.3 STREET ADDRESS
		2.4 CITY-ST-ZIP
NAME	[] DELETE	3.1 TITLE
STREET ADDRESS		3.2 NAME
CITY-ST-ZIP		3.3 STREET ADDRESS
		3.4 CITY-ST-ZIP
NAME	[] DELETE	4.1 TITLE
STREET ADDRESS		4.2 NAME
CITY-ST-ZIP		4.3 STREET ADDRESS
		4.4 CITY-ST-ZIP
NAME	[] DELETE	5.1 TITLE
STREET ADDRESS		5.2 NAME
CITY-ST-ZIP		5.3 STREET ADDRESS
		5.4 CITY-ST-ZIP
NAME	[] DELETE	6.1 TITLE
STREET ADDRESS		6.2 NAME
CITY-ST-ZIP		6.3 STREET ADDRESS
		6.4 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
[] Change [] Addition	
[] Change [] Addition	
[] Change [] Addition	
[] Change [] Addition	
[] Change [] Addition	
[] Change [] Addition	

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: *[Handwritten Signature]*

6-30-99 813 258-6511

CR2E034 (5/99)