Applied For

\$9.75 Additional

Not Applicable

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**Katherine Harris** 

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # G59451**

1. Corporation Name

## OLD DIXIE INVESTMENTS INCORPORATED

Principal Place of Business	
3925 WEST 43RD STREET	
CHICAGO IL 60632	

2. Principal Place of Business

Mailing Address

3925 WEST 43RD STREET CHICAGO IL 60632

2a. Mailing Address

Cuito Ant # oto

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## FILED Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90109 002 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

09/14/1983

36-3256330

4. FEI Number

Suite, Apr.	#, etc.	27	ouite, Apr. #, etc.				5. Certifcate of Status Desired		Fee Rec	
City & Stat	e		City & State				Election Campaign Financing     Trust Fund Contribution		\$5.00 M	,
23		28	lin .	Count	tar					71 663
Zip	Country	<b></b> -	Zip Cour				<ol> <li>This corporation owes the cur Personal Property Tax.</li> </ol>	ent year int		□No
24	25	29	<del></del>	0 <u> </u>			10. Name and Address of New	harataina 9		
	9. Name and Address of Current	Registe	red Agent	,	81	Name	To reality and reduced or new	togiotoroa	rig viii	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD						,				
						82 Street Address (P.O. Box Number is Not Acceptable)				
PLANTATION FL 33324					83					
'0"	11/11/01/12 5552			`	33					
				1	84	City			85 Zip C	ode
								<u> </u>	<u>,                                    </u>	
l office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State of im familiar with, and accept the obligation	i Florida.	. Such change was auth	horized t	by ti	ne corporation	ration submits this statement for the i's board of directors. I hereby acce	pt the appoi	ntment as reg	istered
SIGNATURE	Signature, typed or printed name of registered agent a	and title if a	policable. (NOTE: R	egistered A	vaent	signature required	when reinstating)	DATE		
12,	OFFICERS AND		··.	13.			ADDITIONS/CHANGES TO OF	FICERS AN	D DIRECTOR	RS IN 12
TITLE	D		☐ DELETE	1.1 TITL	.E				Change	☐ Addition
NAME	DORNER, BERNICE E.			1.2 NAM	Æ					
STREET ADDRESS	COOP IN ACCOUNT			1.3 STR	FET A	ADDRESS				
CITY-ST-ZIP	CHICAGO IL			1.4 CITY						
TITLE	D D		☐ DELETE	2.4 TITL					Change	Addition
NAME	DORNER, VIOLET			2.2 NAM					- , -	
	3925 W. 43RD ST					ADDRESS	•			
STREET ADDRESS	CHICAGO IL		_	2.4 GIT		1		:	يد	
TITLE	S		☐ DELETE	3.1 TITL		-LIF "			Change	Addition
	-			3.2 NAM						_
NAME	DORNER, GREGG					*DDDECO				
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP	CHICAGO IL		☐ DELETE	3.4. CIT		- ZIP	<u> </u>		[]] Change	☐ Addition
TITLE	]		□ DELETE	4.1 TITL						
NAME				4. 2 NA						
STREET ADDRESS				•		ADDRESS				
CITY-ST-ZIP			☐ DELETE	4.4 CITY		·ZIP			□ Change	Addition
TITLE	l control of the cont		I DELETE	5.1 TITL 5.2 NAM					- Cusude	Addition
NAME				1		ADODESC				
STREET ADDRESS	•					ADDRESS				
CITY-ST-ZIP				5.4 CITY		-ZIP				☐ Addition
TITLE			☐ DELETE	6.1 TITL					Change	Addition
NAME	•			6.2 NAM						
STREET ADDRESS				6.3 STR	REET	ADDRESS				
CITY-ST-ZIP				6.4 CITY	Y-\$T-	-ZIP				

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, with all other like empowered.

SIGNATURE:

R PRINTED HAME OF SIGNING/OFFICER OR DIRECTOR

4/7/99

773-523-5000 Daytime Phone #

flate