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

Mar 11 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (1) DITTMAN ENTERPRISES, INC. Principal Place of Business Mailing Address 1401 HAVEN BEND 1401 HAVEN BEND **TAMPA FL 33613 TAMPA FL 33613** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/18/1983 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-2341218 21 Not Applicable 26 Suite, Apt #. etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Zipi Country 8. This corporation owes or has paid the corrent year angible ( B) Yee Personal Property Tax due June 30. 24 25 30 29 g. Name and Address of Current Registered Agent Name and Address of New Registered Agent **B1** DITTMAN, INEZ Teven 1401 HAVEN BEND 82 Street Address **TAMPA FL 33613** 83 84 City 11. Pursuant to the provisions of Soctions 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 the accept the obligations of Spotion 607.0505, Florida Statutes. **3-6-98** SIGNATURE DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE 1.1 TITLE Change Addition TITLE Secretary DITTMAN, STEVEN G. DITTMAN, STEVEN G. 1.2 NAME NAME 1401 HAVEN 1401 HAVEN BEND STREET ADDRESS 1.3 STREET ADORESS 33613-TAMPA FL CITY-ST-ZIP 1.4 CITY - ST-ZIP DELETE Change Addition TITLE PD 21 TITLE NAME DITTMAN, INEZ 22 NAME 2.3 STREET ADDRESS 1401 HAVEN BEND STREET ADDRESS **TAMPA, FL 00000** 2 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition Change TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34. City-St-ZiP DELETE Change Addition TITLE 4.1 TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change \_\_\_ Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change TITLE 6.1 TITLE 62 NAME **6.3 STREET ADDRESS** STREET ADORESS

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.

CITY-ST-ZIP

**SIGNATURE:** 

FILED

3-6-98 813-962-2005