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

PROFIT CORPORATION ANNUAL REPORT

1997

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

FILED

Apr 29 1997 8:00am

Secretary of State

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

POCUMENT # G76721

(1)

DICING TECHNOLOGY, INC.

Principal Place of Business		Mailing Address				T FORICIA ROIL INDIA DILLI LEDIA PERDE HAL	I BABUL BIDAN BUDUK BEDEL	BIBIS BIBSI 1981
1978 CORPORATE SOUARE 82-2080 LONGWOOD FL 32750		1978 CORPORATE SQUARE 52-2080 LONGWOOD FL 32750-3538						
						3. Date Incorporated or Qualified 12/29/1983	3a. Date of La 04/30/19	
2. Principal Place of Business		2a. Mailing Address				4. FEI Number		Applied For
21		26				59-2350285		Not Applicable
Suffe, Apt. #, etc.		Suite, Apt. #, etc.	}			5. Certificate of Status Desired		5 Additional
City & State		City & State			·-·········	ļ		e Required
23 City & Stat	16	├-¬ '				6. Election Campaign Financing Trust Fund Contribution		00 May Be ded to Fees
Zip Zip	Country	28	Zip Country			8. This corporation has liability for i		
24	25	29	30				intangible tax und Yes 🔲 No	or s. 199.032,
441		9. Name and Address of Current Registered Agent		ı		10. Name and Address of New Re		
KROOL, RICHARD H.					Name			
1978 CORPORATE SQUARE				82	Street Addre	ess (P.O. Box Number is Not Acceptab	ole)	·
	NGWOOD FL 32750							
				83				
				84	City		FL 85	Zip Code
11. Pursuant office or r agent. I a SIGNATURE	registered agent, or both, in the State am familiar with, and accept the oblig	e of Florida. Such change was gations of, Section 607.0505, I	s authorized Florida Stat	d by th lutes.	he corporati	oration submits this statement for the p on's board of directors. I hereby accep	ot the appointmen	ng its registered t as registered
12.	Signature, typed or printed name of registered ac	gent and title if applicable. (NO ND DIRECTORS	OTE: Registered	d Agent	signature require	ed when reinstaling) ADDITIONS/CHANGES TO OFFIC	DATE	TOPS IN 12
TITLE	DPS DELETE			1.1 TITLE		ABOTTONS/OTTANGES TO OTTE	Char	
NAME	KROLL, RICHARD		1.2 N/					.go
STREET ADDRESS	2131 DEER HOLLOW CIR			IREET AF	ODRESS			
CITY-ST-ZIP	LONGWOOD, FL 00000		1.4 CF					
TITLE	DT			1LE			☐ Char	nge 🔲 Addition
NAME	KROLL, NORMA		2.2 N/	2.2 NAME				
STREET ADDRESS	2131 DEER HOLLOW CIR		2.3 S1	2.3 STREET ADDRESS				
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STREET ADDRESS				TREET A	1			
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NAME	<u>'</u>		4 2 NAME					
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STREET ADDRESS	.			TREET AC				
CITY-ST-ZIP TITLE			5.4 CI 6.1 TI	TY-ST-	/IP		Char	age Addition
NAME	\	_ veet	6.2 N				LJ OIGH	.go pur radiiidii

14. I do 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 toystee 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 a attachment with an address.

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP