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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **G76721**

1. Corporation Name

DICING TECHNOLOGY, INC.

							 . 41 0 1 01011 111141 01017 1	 	
Principal Place	of Business	Mailing Address							
1978 CORPORA	TE SOUARE	1978 CORPORATE SO	UARE						
52-2080 52-2080						DO NOT WE!	DO NOT WRITE IN THIS SPACE		
LONGWOOD FL 32750 LONGWOOD FL 32750					3. Date Incorporated or Qualifed				
						· .		i	
						12/29/1983		T	
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number		Applied For	
21		26				<u>59-2350285</u>		Not Applicable	
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.	•			5. Certifcate of Status Desired	1 1	75 Additional	
22	<u> </u>	27						e Required	
City & State	•	City & State				6. Election Campaign Financing		00 May Be	
23		28				Trust Fund Contribution	Ad	ded to Fees	
Zip	Country	Zip		Country		8. This corporation owes the curr			
24	25	29	30	<u> </u>		Personal Property Tax.	\texts	□No	
	9. Name and Address of Curren	t Registered Agent			,	10. Name and Address of New F	Registered Agent		
				81	Name				
KROOL, RICHARD H.			82	Street A	Address (P.O. Box Number is Not Accepta	able)			
1978 CORPORATE SQUARE			0	(<i>,</i>	_			
LONG	GWOOD FL 32750			83			····		
]				<u> </u>	<u> </u>		i last	Zin Codo	
į				84	City	•	FL 85	Zip Code	
11 Purcuant	to the provisions of Sections 607 050	2 and 607 1508 Florida S	Statutes	the above	e-named i	corporation submits this statement for the	purpose of changing	g its registered	
office or re	adistared agent, or both in the State :	of Florida, Such change w	vas autho	orized by	the corbo	ration's board of directors. I hereby accep	pt the appointment	as registered	
agent. I ar	n familiar with, and accept the obligat	tions of, Section 607.0505	5, Florida	Statutes					
SIGNATURE		tions of, Section 607.0505	o, Fiorida	Statutes					
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable.	o, Fiorida	started Ager		equired when reinstating)	DATE		
SIGNATURE	Signature, typed or printed name of registered ager OFFICERS AN	nt and title if applicable. ID DIRECTORS	(NOTE: Reg	istered Ager			DATE	CTORS IN 12	
SIGNATURE 12. TITLE	Signature, typed or printed name of registered ager OFFICERS AN	nt and title if applicable.	(NOTE: Reg	pistered Ager 13. 1.1 TITLE		equired when reinstating)	DATE FICERS AND DIRE	CTORS IN 12	
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered ager OFFICERS AN DP KROLL, RICHARD	nt and title if applicable.	(NOTE: Reg	13. 1.1 TITLE 1.2 NAME	nt signature re	equired when reinstating)	DATE FICERS AND DIRE	CTORS IN 12	
SIGNATURE 12. TITLE	Signature, typed or printed name of registered ager OFFICERS AN DP KROLL, RICHARD 2131 DEER HOLLOW CIR	nt and title if applicable.	(NOTE: Reg	jistered Ager 13. 1.1 TITLE 1.2 NAME	nt signature re	equired when reinstating) ADDITIONS/CHANGES TO OF	DATE FICERS AND DIRE	CTORS IN 12	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered ager OFFICERS AN DP KROLL, RICHARD 2131 DEER HOLLOW CIR LONGWOOD, FL 00000	nt and title if applicable. ID DIRECTORS DELET	(NOTE: Reg	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S	nt signature re	ADDITIONS/CHANGES TO OF	DATE FICERS AND DIRE	CTORS IN 12	
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered ager OFFICERS AN DP KROLL, RICHARD 2131 DEER HOLLOW CIR LONGWOOD, FL 00000 DS	nt and title if applicable.	(NOTE: Reg	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE	nt signature re	ADDITIONS/CHANGES TO OF	DATE FICERS AND DIRE	CTORS IN 12	
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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 trystee 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.

6.2 NAME

DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

URENORMA KROLL -SECRETAR.

Change

___ Addition