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

PROFIT CORPORATION ANNUAL REPORT

1998



G95194

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(8)

DOCUMENT # THE DALLAS BULL, INC.

FILED May 19 1998 8:00am Secretary of State

|--|

Principal Place of Business		Mailing Address			
8224 US 301 NORTH TAMPA FL 33637		DRANDON FE - SOSTA			
				DO NOT WRITE IN THIS SPACE	
US				3. Date Incorporated or Qualified	
				04/06/1984	
2 Principal Pl	ace of Business	2a, Mailing Address		4. FEI Number Applied For	
21	ace of Edisiness		zai Na	59-2429926 Not Applicable	
Suite, Apt. #, etc		26 3224 1/5 30/ No.		\$0.75 Auditional	
22		27		5. Certificate of Status Desired Fee Required	
City & State)	City & State		B. Election Campaign Financing \$5.00 May Be	
23		r "	lopion	Trust Fund Contribution Added to Fees	
Zip	Country	Zipi	Country	This corporation owes or has paid the current year Intangible	
24	25	29 33637	30	Personal Properly Tax due June 30. X Yes No	
	9. Name and Address of Current R		12212	10. Name and Address of New Registered Agent	
NIC	SEN, NORBERT G		81 N	Name	
			82 S		
				Street Address (P.O. Box Number is Not Acceptable) 8224 // \$30/ NoP4/	
DIV	NNDON-FL 33511		83	827 120 001 11011	
			84 C	TAMPA FL 85 Zip Code 33637	
44 D	About of Control (O7 0) (O	out CO2 41 00 Florida Proto	too the should be	TAMPA FL 33637	
11, Pursuant to the provisions of socious 607,0002 and 607,1008, horida statutes, the above-named corporation submits this statement to the purpose of changing its registered office or negletized above to the highest 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, byted or ponted numer of registered agont and into it approachible (NOTE: Registered Agent signature required when relastating) DATE					
	Signature, typed or pointed name of registered agent a OFFICERS AND I		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.	PTD OF ICERS MAD I	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	MISSEN, NORBERT G.	E Deterie	1.2 NAME	P.O. BOX	
·	*4500 HICKORY GREEK LANE			N/A	
STREET ADDRESS	201 12		1.3 STREET ADD	1000 / 67-07	
CITY-ST-ZIP	PRANDON FL	DELETE	1.4 C(TY - ST - Z() 2.1 T(TLF	The receipt of 35 del	
TITLE	MOOTH HODDEDT O	Dittit.		16459 WIA	
NAME	NISSEN, NORBERT G.		2 2 NAME	(5 28/97	
STREET ADDRESS	4506 HICKORY CREEK LANE	-	23 STREET ADD	resupre resource,	
CITY - ST - ZIP	BRANDON FL-	DELETE	2. 4 CITY - ST - ZI	ZIP Change Addition	
TITLE		L'1 NECESE	3171716	E Change E Koomon	
NAME			3 2 NAME		
STREET ADDRESS			3 3 STREET ADD		
CITY-ST-ZIP		DELETE	3 4. C(TY - ST - Z)	ZIP Change Addition	
TITLE		☐ DELETE	4.1 TITLE	Li change Li Adoution	
NAME			4. 2 NAM		
STREET ADDRESS			4 3 STREET ADD		
CITY-ST-ZIP			4.4 C(TY - ST - Z)	ZIP	
TITLE		DELETE	5.1 TITLE	Change Addition	
NAME			5.2 NAME		
STREET ADDRESS			5 3 STREET ADD	DORESS	
CITY-ST-ZIP			5 4 CITY-S1 - ZI		
TITLE		☐ DÉLETE	61 TITLE	☐ Change ☐ Addition	
NAME			62 NAME		
STREET ADDRESS			63 STREET ADD	DDRESS	
CITY-ST-ZIP			64 DITY-ST-ZI	ZIP	

14. 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 earlity 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.