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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H19146

(0)

THE DINGMAN GROUP, INCORPORATED

FILED Mar 27 1998 8:00am Secretary of State



Principal Place of B	lusiness	Mailing Address	Mailing Address						1011 01011 01	*** **** ****	
1051 WEST WEBSTER AVENUE		1051 WEST WEBSTER AVENUE									
WINTER PARK FL 32789		WINTER PARK FL 32789					DO NOT WRITE IN THIS SPACE				
							3. Date Incorporated or Qualified				
							08/31/1984				
2. Principal Place of	of Business	2a. Mailing Address					4. FEI Number			Applied For	
21		26					59-2510657		_	Vot Applicable	
Suite, Apt. #, etc) ,	Suite, Apt. #, etc.						-X	 1 	Additional	
22		27					5. Certificate of Status Desired	4	Fee F	Required	
City & State		City & State					6. Election Campaign Financing	•	\$5.00	0 May Be	
23		28					Trust Fund Contribution			d to Fees	
Zip	Country	Zıp	Cou	Country			8. This corporation owes or has pa	id the curr	ent year l	ntangible	
24	25	29	30	30			Personal Property Tax due June			□ No	
9.	Name and Address of Current	t Registered Agent		L_,			10. Name and Address of New Re	gistered A	gent		
	n, william e.			81	Nam	ne					
1051 W. WEBSTER AVENUE				B2	32 Street Address (P.O. Box Number is Not Acceptable)						
WINTER	PARK FL 32789										
				B3							
				84	City	, 			85 Zip	o Code	
					Oity			FL	65 2.1	/ 0000	
11. Pursuant to the	provisions of Sections 607.0502	2 and 607 1508, Florida Stat	tutes, the at	pove	nam	ed corpo	ation submits this statement for the	ourpose of	changing	its registered	
office of register agent. I am fan	ered agent, or both, in the State i hiliar with, and accept the obliga	of Fiorida. Such charige wa itions of, Section 607.05 05 ,	s autnorized Florida Stat	a by lutes	. me c	corporatio	n's board of directors. I hereby acce	pt the appo	япшиети а	.s registered	
SIGNATURE											
Signate	ire, typed or printed name of registered ager	it and title if applicable (N	OTE: Registered	d Ager	nt signa	ature required	when reinstating)	DATE			
12.	OFFICERS AND		13.			-	ADDITIONS/CHANGES TO OFFIC		_		
	PD DELETE			1.1 TITLE					L Change	Addition	
	NGMAN, WILLIAM EMMET		1.2 N/	AME						ļ	
	21 VIA TUSCANY		1.3 STREET ADDRESS			ss				1	
	INTER PARK FL			TY-ST	I-ZIP						
TITLE		DELETE	2.1 TITLE						L Change	Addition	
NAME			2 2 NAME								
STREET ADDRESS			2.3 STREET ADDRESS		ss				ŀ		
CITY-ST-ZIP					Y-ST-ZIP					1 4 4 492	
TITLE		☐ DELETE	3.1 10						L Change	Addition	
NAME			3.2 NA							i	
STREET ADDRESS					ADDRES	SS					
CITY-ST-ZIP		T 1 651 5	3 4. C		r-ZIP	_				- 1 A J J J J J J J J J J J J J J J J J J	
TITLE		☐ DELETE	4.1 Ti			ĺ			Change	Addition	
NAME			4. 2 N							ļ	
STREET ADDRESS					ADDRES	SS					
CITY-ST-ZIP				TY-\$1	I-ZIP				- A.	4 4495	
TITLE		☐ DELETE	5.1 Tr			ŀ			L. Change	Addition	
NAME			5.2 NA	AME						ļ	
STREET ADDRESS			5.3 ST	REET	ADDRES	ss				j	
CITY-ST-ZIP			5.4 CI		I-ZIP						
TITLE		☐ DELETE	6.1 TI	TLE					Change	Addition	
NAME			62 N	AME							
STREET ADDRESS			6.3 ST	REET	ADDRES	SS					
CITY-ST-ZIP				TY-ST			<u> </u>				
44 I haraby cartifu	that the information currylad will	th this filing does not qualify	for the exe	Inma	ion et	tated in Si	action 119 07(3)(i). Florida Statutes.	further cer	tity that if	ne information. L	

Thereby Certify that the information supplied with this mining does not qualify for the exemption stated in Section 119.07(3)(), Florida Statutes. Flurther 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 dylin receives or fivetee 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, dy on a half ahment with an address.

2 10 06 Vot love 100