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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

FILED

Feb 06, 1999 8:00am

Secretary of State

02-06-1999 90007 017 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

DIN DIN, INC.

Principal Place of Business				
	Mailing Address		ı (Baiail alik ilatı lausk liaiñ lâtêl 1991 Qiği	IL OLOIS ASDEN DIGH DIGH DIGH SOOT
1395 N.W. 21ST STREET MIAMI FL 33142	1395 N.W. 21ST STREET MIAMI FL 33142	· · ·	DO NOT WRITE IN TH	IS SPACE
			3. Date Incorporated or Qualifed	10 0, 7,02
			10/25/1984	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		59-2476510	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional. Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23	28		Trust Fund Contribution	Added to Fees
Zip Country 25	Zip	Country .	This corporation owes the current year in Personal Property Tax.	
9. Name and Address of Curre			10. Name and Address of New Registere	
The second secon	•	81 Name	•	
TOUBY, RICHARD BISCAYNE BUILDING, SUITE 907		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
19 W FLAGLER STREET		83	1 15 14 14 16 15 1. 14 15 14 14 14 14	SAFER FOR THE SAFER STATES
MIAMI FL 33130			<u>一一一一个人的人的人们的人们的人们的人们的人们的人们的人们的人们的人们的人们的人们的人们的</u>	
	•	84 City	FI	85 Zip Code
11. Pursuant to the provisions of Sections 607.050 office or registered agent, or both, in the State agent. I am familiar with, and accept the obligations.	of Florida. Such change was aut	thorized by the cornorati	on's hoard of directors. I berehy accept the appro-	sinterest of registered.
SIGNATURE Signature, typed or printed name of registered age		da Statutes.		ointment as registered
SIGNATURE	ont and title if applicable. (NOTE: F			
SIGNATURE Signature, typed or printed name of registered age 12. OFFICERS AI TILE PD	ont and title if applicable. (NOTE: F	Registered Agent signature require	ad when reinstaling) (1900) DATE	
SIGNATURE Signature, typed or printed name of registered age 12. OFFICERS AN TITLE PD TOUBY, RICHARD.	ont and title if applicable. (NOTE: F	Registered Agent signature requin	ad when reinstaling) (1900) DATE	ND DIRECTORS IN 12
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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 repert on supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the porporation 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 Chapter 607 or an attachment with an address, with all other like empowered. on an attachment with an address, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

☐ DELETE

SIGNATURE:

的罗伯林西部 347 507

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE:

NAME. STREET ADDRESS

Change

☐ Addition