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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # J18091 1. Corporation Name

P.A. DICK, INC.

Principal Place of Business

1401 CORUNA AVENUE CORAL GABLES FL 33156 Mailing Address

1401 CORUNA AVENUE CORAL GABLES FL 33156

## FILED Jan 25, 1999 8:00am Secretary of State

01-25-1999 90050 027 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

						3. Date Incorporated or Qualifed 06/06/1986			
2 Dining D	and of Business	2a. Mailing Address				4. FEI Number	T A	polied For	
_	ace of Business	<b>¬</b>				59-2700360	·	ot Applicable	
21		26	The state of the s			39 2100300			
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired   \$8.75 Additional Fee Required			
City & State	9	City & State	City & State			6. Election Campaign Financing \$5.00 May Be			
23		28	в			Trust Fund Contribution	Added	to Fees	
Zip	Country Zip			Country		8. This corporation owes the current ye	ar Intangible	1	
24	25	29	30			Personal Property Tax.			
<u> </u>	9. Name and Address of Current	1.77	<u> </u>			10. Name and Address of New Registered Agent			
					lame				
LUDO	OVICI, EDWARD P.				<u>'</u>		·		
730	PERRINE AVENUE		82 Street Add		treet Addre	ss (P.O. Box Number is Not Acceptable)	•		
	/II FL 33157		83			1 1 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	1000 (100 (100 (100 (100 (100 (100 (100	1 8 18 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
19117351				33		1912年 1913年	點性關於關鍵	3個體質	
			-	84 C	ity		85 Zip	Code	
Early of Marketine	Arma sas.	tara tours to	·		•		<u> </u>		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State 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, typed or printed name of registered agent a	and title if applicable. (NOTE:	Registered A	Agent sign	nature required	when reinstating) DA	re		
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICER		ORS IN 12	
TITLE	PSD	☐ DELETE	1.1 TITL	LE	· -	The state of the s	☐ Change	☐ Addition	
NAME	DICK, PHILIP A.		1.2 NA	WE					
	1401 CORUNA AVE		1.3 STREET ADDRESS		DD566			.	
STREET ADDRESS	CORAL GABLES FL	•			ţ				
CITY-ST-ZIP	CURAL GABLES FL		1.4 CITY-ST-ZIP		<u> </u>		☐ Change	Addition	
TITLE			2.1 गग				☐ Criange	_ Addition	
NAME			2.2 NAME				•	<b>)</b> .	
STREET ADDRESS	·		.2.3 STF	REETADE	DRESS	•		ì	
CITY-ST-ZIP	~ ~		2.4 CII	ry-st-zi	P				
TITLE	and the second section of the s	☐ DELETE	3.1 TITI	LE			☐ Change	☐ Addition	
NAME A S			. 3.2 NA	ME		,		• •	
12.0	PRINTE.			REET ADD	DRESS	g grown with the state of the state	i prigre quality party (197	: 4:60 -748:483	
STREET ADDRESS	<b>相注 39分</b> "								
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	DELETE	4.1 TITI	Y-ST-ZI	-		Change	Addition	
TITLE		. DELETE							
	ক্রালের্থ ়	Marie Company	4. 2 NA					,	
STREET ADDRESS	48 (14)		4.3 STF	REETADO	DRESS			. 1	
CITY-ST-ZIP				Y-ST-ZIF	Р	* .			
TITLE		☐ DELETE	5.1 7111				Change	☐ Addition	
NAME -		`,	5.2 NA	ME			1.0	)	
STREET ADDRESS			5.3 STF	REET ADI	DRESS			Ì	
CITY-ST-ZIP	Public		5.4 CIT	Y-ST-ZIF	P				
TITLE	William To the	DELETE	6.1 TIT				☐ Change	☐ Addition	
	160 FO SAT 185.		6.2 NA	ME		•	_ <del>-</del>		
NAME	E Mark Markette 1	•		REËT ADI	DDESS				
STREET ADDRESS	a gradena					•			
CITY-ST-ZIP ,				Y-ST-ZI				- fo the	
14. I hereby o	ertify that the information supplied with	this filing does not qualify for	the exen	nption	stated in Se	ection 119.07(3)(i), Florida Statutes. I furth	er certify that the	information	

I. 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 frue and accordate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the cooperation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Ricch 12 or Block 13 if chapted or on a state that my name appears in the receiver of the cooperation of the receiver with a state of the receiver of the receiv

SIGNATURE

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE OR DIRECTOR

(100)

12/34/98

8505 555 508

CR2F034 (11/9