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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

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TO SECURE A SECURE ASSESSMENT OF THE PARTY ASSESSMENT

TITLE

TITLE

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

(9)

DELETE

DELETE

DELETE

ROBERT A. DION REAL ESTATE COMPANY Principal Place of Business Mailing Address 3201 FLAGLER AVE 3201 FLAGLER AVE SUTIE 506 SUTIE 506 KEY WEST FL \$3040 DO NOT WRITE IN THIS SPACE KEY WEST FL 33040 A CONTRACTOR 3. Date Incorporated or Qualified Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 59-2785039 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Bo 23 Trust Fund Contribution 28 Added to Fees Zio Country Country 8. This corporation owes or has paid the current year Intangible 24 29 30 Personal Property Tax due June 30. Yes g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DION, ROBERT A. 2915 SEIDENBERG AVE. Street Address (P.O. Box Number is Not Acceptable) KEY WEST FL 33040 63 84 85 Zip Code 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 and title if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITE Change Addition DION, ROBERT A. NAME 1.2 NAME 3228 HARRIET AVE. STREET ADDRESS 1.3 STREET ADDRESS KEY WEST FL CITY-ST-ZIP 14 CITY-ST-Z/P

2.1 TITLE

2.2 NAME

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3.2 NAME

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4. 2 NAME

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34. CITY-ST-7IP

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STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CHY+S1+7IP DELFTE TITLE Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE ___ Change Add:tion 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 C/TY - ST - 7/F

14. I hereby certify that the information supplied with this filing does not qualify for the exemption slated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental angular 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 receive 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 attraction and other products.

☐ Change

Change:

Change

FILED

Jan 15 1998 8:00am

Secretary of State

Addition

Addition

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