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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Jan 31 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K36185

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DODSONS, INC.

SIGNATURE:

Principal Place 95 BULLDOG B SUITE 807 MELBOLISNE FI	LVD	Mailing Address 95 BULLDOG BLVD SUITE 307 MELBOURNE FL 32901-317	76				
US		US		3. Date Incorporated or Qualified 09/27/1968	9/27/1988 04/10/1996		
2. Principal P	ace of Business	2a. Mailing Address 26			4. FEI Number 59-2909318		Applied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		75 Additional ee Required
City & State	e	City & State		· · · · · · · · · · · · · · · · · · ·	6. Election Campaign Financing		.00 May Be
23		28	1 2		Trust Fund Contribution	A	ded to Fees
Zip 24	Country 25	Zip 29	Country		B. This corporation has liability for it Florida Statutes	ntangible tax un] Yes □ No	der s. 199.032,
<u> </u>	9. Name and Address of Curr		190		10. Name and Address of New Re		
95 B Ste Meli	BOURNE FL 32901		81 82 83 84	City	ress (P.O. Box Number is Not Acceptab	FL 85	Zip Code
11. Pursuant office or ragent La	to the provisions of Sections 607 02 egistered agent, or both, in the Sta m familiar with, and accept the obtaining the state of the st	te of Florida. Such change was igations of, Section 607.0505, Fl	authorized by lorida Statutes	the corpora	poration submits this statement for the p tion's board of directors. I hereby access ared when reinstating)	urpose of changot the appointme	ing its registered nt as registered
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		
THLE NAME STREET ADDRESS City+ST-7IP	D Dodson, Karen W. 95 Bulldog blyd Suite 20 Melbourne Fl	DELETE	1.1 TITLE 1.2 NAME 1.3 STREET 1.4 City-S	•		☐ Ch	ange [_] Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DELETE	2.1 TITLE 2.2 NAME 2.3 STREET 2.4 GITY-\$	1		□ Ch	ange 🔲 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZiP		☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET 3.4. CITY-S	address		☐ Ch	ange Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	4.1 TITLE 4. 2 NAME 4.3 STREET 4.4 CITY-S	ADDRESS		☐ Ch	ange Addition
NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-S	ADDRESS		☐ Ch	ange Addition
TITLE NAME STREET ADDRESS CITY-ST-Z-P		DELETE	6.1 TITLE 6.2 NAME 6.3 STREET	ADORESS		□ Ch	ange Addition
14. Ldo hereb	by certify that the information supply in indicated on this annual report of fficer or director of the corporation in Block 12 or Block 43 / changed,	led with this filing does not quali r supplemental annual report is to or the receiver outrustee empoy or on an attachment with an ad-	6.4 CITY-S ify for the exe true and accu vered to exec dress.	motion state	d in Section 119.07(3)(i), Florida Statute t my signature shall have the same lega rt as required by Chapter 607, Florida S	s. I further certify I effect as if mad tatutes, and that	that the de under oath; that my name