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 # K36629

TDICKS - N - TDEATS INC

FILED Feb 15, 1999 8:00am Secretary of State

02-15-1999 90027 021 ***150.00

	- N - IREATS, INC.							
Principal Plac	e of Business	Mailing Address	. "		L INDICACIO RED CINTO ENCIA DICIA NICIA NELA CALI-	SIBIL BIBLI BIBLI B	1911 B1911 1881	
% ROBERT GO	DETZELMAN	% ROBERT GOETZELM	AN					
18332 ORIOLE RD. 18332 ORIOLE RD. FT. MYERS FL 33912 FT. MYERS FL 33912		-		DO NOT MIDITE IN THE	C CDACE			
				DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or Qualifed			
<u> </u>	N	2a Mailing Address			10/03/1988 4. FEI Number	Δn	olied For	
-, '	Place of Business	2a. Mailing Address					t Applicable	0.488
21 Suite Ant	# ata	Suite, Apt. #, etc.			65-0073027	\$8.75 A		
Suite, Apt.	#, etc.				5. Certifcate of Status Desired	Fee Re		
22 City & Stat	do .	City & State			6. Election Campaign Financing	\$5.00	Mov Be	.:
	i.e	28			Trust Fund Contribution	Added to		
Zip	Country	Zip	Co	ountry	8. This corporation owes the current year In	ntangible		
24	25	29	30	•	Personal Property Tax.	Yes	⊠ No	
<u> </u>	9. Name and Address of Curre				10. Name and Address of New Registered	d Agent	-	
				81 Name				
GO	etzelman, robert			P2 Charat A	roon (B.O. Boy Number in Not Acceptable)			
	32 ORIOLE RD			82 Street Addr	ress (P.O. Box Number is Not Acceptable)			
	MYERS FL 33912			83	Control of the Addition of the Control of the Contr	412.13 47. 812.18		Ì
	-				1.1961号,2015年度18年度19月7日至			
				84 City	F	85 Zip.C	ode	
office or I	to the provisions of Sections 607.05 régistered agent, or both, in the State am familiar with, and accept the oblig	of Florida. Such change wa	as authoriz	ed by the corporation	poration submits this statement for the purpose on's board of directors. I hereby accept the appear	of changing its pintment as reg	registered gistered	
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable (A	IOTE: Register	red Agent signature require	d when reinstating) DATE			_
12.		ND DIRECTORS	13		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12	CR2E034 (11/98)
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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 supplementar 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 or the ecceiver 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 chapted, or man attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-99

941-267-7223

Daytime Phone #