

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

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90123 049 ***150.00

DOCUMENT # L27121

1. Corporation Name

DAWN'S BIG T SERVICES, INC.

Principal Place of Business

18300 COLLINS AVE
N. MIAMI BCH FL 33160
US

Mailing Address

20900 W DIXIE HWY
A
N MIAMI BCH FL 33180
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/31/1989

4. FEI Number
65-0157206

Applied For
Not Applicable

5. Certificate of Status Desired ☐

-\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 20900 W DIXIE HWY
Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 A
City & State

27 City & State

23 N MIAMI BCH, FL

28

24 33180 25 Country

29 30 Country

9. Name and Address of Current Registered Agent

FEDER, LAWRENCE H.
2450 HOLLYWOOD BLVD
SUITE 401
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE S
NAME TURETSKY, IRVING
STREET ADDRESS 290 174TH ST.
CITY-ST-ZIP MIAMI BCH. FL

TITLE P
NAME SCHILLING, DAWN A.
STREET ADDRESS 222 POINCIANA ISLAND DR
CITY-ST-ZIP MIAMI BEACH FL

TITLE VP
NAME NESS, GERALD J.
STREET ADDRESS 4101 PINETEE DR., #1814
CITY-ST-ZIP MIAMI BCH. FL

TITLE T
NAME NUNBERG, VICTOR L.
STREET ADDRESS 2460 NE 201 ST
CITY-ST-ZIP N. MIAMI BCH. FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VP
1.2 NAME NESS, GERALD J.
1.3 STREET ADDRESS 20900 W DIXIE HWY, STE A
1.4 CITY-ST-ZIP N. MIAMI BCH. FL 33180

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 report or supplemental 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-27-99 305-837-2667

CR2E034 (11/98)