Mailing Address

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L48140 1. Corporation Name

DARTMOUTH INVESTMENTS, INC.

Principal Plac	e of Business	Mailing Address					
2328 10TH AVE. NORTH 2328 10TH AVE. NORTH					•		
SUITE 401		Suite 401 Lake Worth FL 33461			DO NOT WRITE IN THIS SPACE		
LAKE WORTH FL 33461		LAKE WONTH PL 30401		3. Date Incorporated or Qualifed			
					02/07/1990		1
2. Principal Place of Business 2a. Mailing Addres					4. FEI Number	Apı	plied For
	- I mishar mass significant				65-0170750	No	t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 A	dditional	
<u> </u>		27		5. Certificate of Status Desired Fee Required			
		City & State			6. Election Campaign Financing \$5.00 May Be		
23		28		Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Country	;	8. This corporation owes the current year In	ntangible	
24	25	29 30			Personal Property Tax.		□No
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered	1 Agent	
 			81	Name			
STEIN, CHARLES				C44 A	ddress (P.O. Box Number is Not Acceptable)		
2328 10TH AVE. NORTH			82	Street A	dațess (P.O. Box Number is Not Acceptable)	•	
SUF	TE 401		83				
LAKE WORTH FL 33461			L_				
			84	City	F	85 Zip C	Jode
41 Pursuant	to the provisions of Sections 607 050	22 and 607 1508 Florida Statutes.	the abov	 e-named c	organition submits this statement for the numose of	of changing its	registered
office or	registered agent, or both, in the State	of Florida. Such change was autr	iorizea by	tne corpor	ation a poard of directors. I lieseph accept the app	OUTITION OF 105	gistered
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida				i.	自然 資料 組織 海滨山		19.
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					ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
TITLE	PD 2 1 2 2 2 2 2 DELETE		13.			Change	☐ Addition
NAME	UDWIN, DENNIS		1.2 NAME				
STREET ADDRESS 2328 10TH AVE. NO., STE. 401			1.3 STREET ADDRESS				- {
			1.4 CITY-ST-ZIP				}
CITY-ST-ZIP TITLE						Change	☐ Addition
- 310			2.1 TITLE 2.2 NAME				
O'LIN, O'D'ALLO			2.3 STREET ADDRESS				
STREET ADDRESS 2328 10TH AVE. NO., STE. 401			4				;
CITY-ST-ZIP LAKE WORTH FL 33461			2.4 CITY-:	31-4IF		Change	Addition
1. HITE	1		3.1 HILE	- 1			

6.4 CITY-ST-ZIP 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 should have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of mostee empowered to execute this report as equired 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 otherwise empowered.

3.2 NAME

4.1 TITLE

4.2 NAME 4.3 STREET ADDRESS

5.1 TITLE

5.2 NAME

6.1 TITLE

62 NAME

☐ DELETE

☐ DELETE

☐ DELETE

3.3 STREET ADDRESS

3.4. CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

NAME

TILE NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

Daytime Phone #

Change

Change

Change

☐ Addition

☐ Addition

☐ Addition

May 03, 1999 8:00 am Secretary of State

05-03-1999 90007 030 ***150.00