| PROFIT CORPORATION ANNUAL REPORT 1999 | AFTER MAY 1ST IS FLORIDA DEPART Katherin Secretary DIVISION OF CO | MENT OF STATE e Harris of State | FIL Apr 30, 19 Secretary 04-30-1999 9018 | 99 8:00 am of State |
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| DOCUMENT # L8859 | 2 | | | |
| BULLDOG BITES, INC. | | | | |
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| Principal Place of Business | Mailing Address | | . 1880/9891 881 18191 18191 83118 98118 98118 9 | Alalı artıl Alalı Alalı Alalı Alalı alalı yêsi |
| 16145 BISCAYNE BLVD. North Miami FL 33160 JS | 4236 PINE TREE DR MIAMI BEACH FL 33140 US | | DO NOT WRITE IN | THIS SPACE |
| | | | 3. Date incorporated or Qualifed 07/24/1990 | |
| 2. Principal Place of Business | 2a. Mailing Address | | 4. FEI Number | Applied For |
| 1 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. | 、 | 08-5481326 5. Certificate of Status Desired | 8.75 Additional |
| 2 | City & State | | | Fee Required |
| City & State | 28 | | 6. Election Campaign Financing Trust Fund Contribution | Added to Fees |
| Zip Country | Zip 29 | Country 30 | This corporation owes the current ye Personal Property Tax. | ear Intangible □ Yes □ No |
| 9. Name and Address of Curr | | | 10. Name and Address of New Regis | ered Agent |
| KING, WAYNE W | | 81 Name | teres (D.O. Deu blue has is Not Assessable) | · · · · · · · · · · · · · · · · · · · |
| 4236 PINE TREE DR | | | dress (P.O. Box Number is Not Acceptable) | |
| MIAMI BEACH FL 33140 | , | 83 | | |
| · · · | , | | | |
| | • | 84 City | | FL 85 Zip Code |
| Pursuant to the provisions of Sections 607.0 office or registered agent, or both, in the State | ate of Florida. Such change was au | s, the above-named cor | rporation submits this statement for the purportion's board of directors. I hereby accept the | FL |
| office or registered agent, or both, in the Sta agent. I am familiar with, and accept the obl SIGNATURE | igations of, Section 607.0505, Florid | s, the above-named cor horized by the corporat da Statutes. | tion s board of directors. Thereby accept the | be of changing its registered appointment as registered |
| office or registered agent, or both, in the Sta agent. I am familiar with, and accept the obl SIGNATURE Signature, typed or printed name of registered | igations of, Section 607.0505, Florid | s, the above-named cor | tion s board of directors. Thereby accept the | Image: Second system |
| office or registered agent, or both, in the Sta agent: I am familiar with, and accept the obl SIGNATURE Signature, typed or printed name of registered 12. OFFICERS TITLE PTD | agent and title if applicable. (NOTE: F | s, the above-named cor thorized by the corporat da Statutes. Registered Agent signature requi 13. 1.1 TITLE | ired when reinstating) | Image: second constraints Image: second constraints second constraints registered appointment as registered Image: second constraints |
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