

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
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90296 043 ***150.00
05-06-1999 90296 044 *****8.75

DOCUMENT # M12884

1. Corporation Name

DOW GUARANTEE CORP.

Principal Place of Business

9700 N.E. 2ND AVE.
MIAMI SHORES FL 33138

Mailing Address

9700 N.E. 2ND AVE.
MIAMI SHORES FL 33138

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/20/1985

4. FEI Number

59-2662437

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 9501 N.E. 2nd Ave.
Suite, Apt. #, etc.

22 1

City & State

23 Miami Shores, Fla.

Zip

24 33138

Country

25 USA

2a. Mailing Address

26 9501 n.e. 2nd ave.
Suite, Apt. #, etc.

27 8

City & State

28 Miami Shores, Fla

Zip

29 33138

Country

30 USA

9. Name and Address of Current Registered Agent

KLUCK, LINDA
801 N.E 76TH STREET
NORTH MIAMI FL 33138

10. Name and Address of New Registered Agent

81 Name

Christopher P. Kelly

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

11098 Biscayne Blvd #205

83

84 City

Miami

FL

85 Zip Code

33161

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.

Christopher P. Kelly

4/28/99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME KLUCK, CHARLES
STREET ADDRESS 530 GRAND CONCOURSE
CITY-ST-ZIP MIAMI SHORES FL

TITLE VPST ☐ DELETE

NAME KLUCK, LINDA
STREET ADDRESS 801 NE 76TH ST.
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

Pres, Director, CEO

☒ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

VP, Sec, Treas, Director

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

Director

☐ Change

☒ Addition

3.2 NAME

Nelson Locke

3.3 STREET ADDRESS

15544 N.W. 77th Ct.

3.4 CITY-ST-ZIP

Miami Lakes, Fla. 33016

☐ Change

☐ Addition

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

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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

Linda Kluck 4/22/99 305-751-322

Date

Daytime Phone #

CR2E034 (1/98)

0203899