FILED Apr 14, 1999 8:00 am Secretary of State

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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 # MADAGO

1. Corporation	Name / IVITUTS	J					
RON DA	LL & COMPANY, INC.	••					
,,,,							
Principal Place of Business Mailing Address					I ifalifatir itt Arâte aast brate latte aast aran are	'is Bisti Aram an	941 414 11 1 44 1
8880 S OCEAN DR 8880 S OCEAN DR							
PH3 PH3					DO NOT WRITE IN THIS	SPACE	
JENSEN BCH FL 34957 US JENSEN BCH FL 34957 US				3. Date Incorporated or Qualifed			
US		00			10/22/1986		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Арр	lied For
21 26					59-2737770	Not	Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 A	
22					3. Certificate of Status Desired	Fee Req	juired
City & State City & State			•		6. Election Campaign Financing	\$5.00 h	
23		28			Trust Fund Contribution	Added to	Fees
Zip			Country		8. This corporation owes the current year Inta		□No I
24	9. Name and Address of Currel		<u> </u>		Personal Property Tax. 10. Name and Address of New Registered A		
	5. Name and Address of Curre	III Kadistalan Adalit	81	Name	197 Hallio alia yinaliona el Mon Magistoria		
DALI	l, Jane		82		() () () () () () () () () ()		
8880 S OCEAN DR				Street Ac	ddress (P.O. Box Number is Not Acceptable)		
PH-3			83				
JENSEN BCH FL 34957						Tap Zin C	· ada
			84	City	FL	85 Zip C	ode
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statutes	, the above	e-named co	orporation submits this statement for the purpose of co	hanging its r	registered
office or r	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was aut	norized by	the corpora	ation's board of directors. I hereby accept the appoin	iment as reg	istered
SIGNATURE							
SIGNATURE	Signature, typed or printed name of registered age			nt signature requ	uired when reinstating) DATE	D DIDEOTOI	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	☐ Change	Addition
TITLE	DP DAN DON	□ DELETE	1.1 TITLE			Onungo	
NAME	DALL, RON		1.2 NAME				
STREET ADDRESS	8880 S OCEAN DR PH3		1.3 STREET	i i			ļ
CITY-ST-ZIP	JENSEN BCH FL		1.4 CITY-S 2.1 TITLE	1-ZIP		Change	Addition
TITLE NAME			2.2 NAME				_
STREET ADDRESS			2.3 STREET	TADDRESS			ļ
CITY-ST-ZIP			2.4 CITY-S				ŀ
TITLE		☐ DELETE	3.1 TITLE			Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4. CITY-ST-ZIP				
TITLE	-	☐ DELETE	4.1 TπLE			☐ Change	☐ Addition
NAME	i		4. 2 NAME	1			
STREET ADDRESS	1 1		4.3 STREET	TADDRESS			
CITY-ST-ZIP	~		4.4 CITY-ST-ZIP				- Address
TITLE		☐ DELETE	5.1 TITLE			☐ Change	Addition
NAME	port.		5.2 NAME	* 1000000			
STREET ADDRESS			5.3 STREE				
CITY-ST-ZIP		□ DELETE	5.4 CITY-S 6.1 TITLE	1-212		Change	Addition
TITLE		☐ DELETE	6.2 NAME	.		□ cuan∂e	
NIA COT			- D.A. OPPOSE	- 11			II

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

REQUIRONDDall, Pres.

4-6-99

(561) 229-8586