FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

	1997	BITIOIOT OF CO.							
DOCUI 1. Corporation	MENT # M81355	(3)							
DODSOL	N & ASSOCIATES, INC.								
]			
ficing in all Disease	a of C privates	Mailing Address							
Principal Place 708 S. DIXIE H		PO BOX 13029							
	EACH FL 33401	N. PALM BOH FL 33408-7028			1				
U\$		US			 	9. Data languaged as Auglified	I Da Day	of Last R	lonort 1
						 Date Incorporated or Qualified 05/13/1988 		3/1 996	eport
·	ace of Business	2a. Mailing Address				4. FEI Number			oplied For
Suite, Apt.	# zolo	Suite, Apt. #, etc.				65-0050692		\$8.75 A	ot Applicable
22	#, O.C.	27				5. Certificate of Status Desired		Fee Re	
City & State	0	City & State				6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution		Added t	lo Fees
Zφ	Country 25	Z ₁ p	Countr	У		 This corporation has liability for Florida Statutes 	intangible te		. 199.032,
24 *	9. Name and Address of Current		<u>'</u> '			10. Name and Address of New Re			
DOD	DSON, DAVID S.	······································	81	Name)		<u></u>		
	BOX 13029		82	Street	Address	(P.O. Box Number is Not Acceptal	ole)		
→ NOF	7TH PALM BEACH FL 33408								
			83	3]
			84	4 City			FL	85 Zip (Code
11 Purcuant	to the provisions of Sections 607 0602	and 607 1508 Florida Statutos	the abou	vo-named	1 corners	ation submits this statement for the		henging it	haratsinas a
office of t	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	f Florida. Such change was auti	horized to	y the corp	rporation	's board of directors. I hereby acce	pt the appoi	ntment as	registered
SIGNATURE	in tannial with, and accept the congain	ons on, addition don oddo, mond	ia otatuit	76 .				٠	j
SIGNATURE	Signature, typiod or portled name of registered agent			gent alignature	e required w	rhen reinslating)	DATE		
12.	OFFICERS AND	DIRECTORS DELETE	13.		·	ADDITIONS/CHANGES TO OFFIC		-	S IN 12
TITLE NAME	DODSON, DAVID S.	□ nerese	1.1 TITLE 1.2 NAME				L	_ Change	L. Addition
STREET ADDRESS	4815 VIA PALM LAKE APT 1412			: Et address					-
CHY-ST-7IP	WEST PLAM BEACH FL		1.4 CITY						
TICLE		☐ DELETE	2.1 TITLE		1		T T	Change	Addition
NAME			2.2 NAME						
STREET ADDRESS				ET ADDRESS	1				1
CITY-ST-7IP		DELETE	2.4 CITY		 		· · · · ·	Change	☐ Addition
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STREET ADDRESS				EY ADDRESS					
CITY-ST-ZIP			3.4. CITY		{				
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NAME			4. 2 NAM	Ε	ļ				
STREET ADDRESS			4.3 STREE	ET ADDRESS	İ				
CITY-ST-ZIP		DELETE	4.4 CITY		 	······································	F	Chanca	Addition
TITLE		DECETE	5.1 TITLE		1		t.	Change	Addition
NAME STREET ADORESS			5.2 NAME 5.3 STREE	: Et address					
CITY - ST - 7:P			5.4 CITY -		}				}
1-11.6		☐ DELETE	61 TITLE		1			Change	Addition
NAMÉ		Į	62 NAME						ļ
STREET ADORESS			6.3 STREE	ET ADDRESS					
					1				1

64 CRY-ST-ZIP

14. If do 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 efficer or director of the corporation of 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

425197

FILED

May 23 1997 8:00am

Secretary of State

361-655-016>