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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPAR CANT. OF STATE
Sandra La More Sam
Secretary of State
DIVISION OF CORPORATIONS

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Apr 24 1997 8:00am

Secretary of State

1997

N96000005961 (5)

DIRT DOBBER, INC.

DOCUMENT #

SIGNATURE:

Principal Place	of Business	Mailing Address			
Principal Place	of Business	Mailing Address			
7199 S.W. 64TH MIAMI FL 33143	STREET	7199 S.W. 64TH STREET MIAMI FL 33143-3005			
				3. Date incorporated or Qualified 11/21/1996	3a. Date of Last Report 1/2//1996
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number	Applied F
21		26			
Suite, Ap1 #	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 Addition Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May B Added to Fees
Zφ	Country	Zip	Country	8. This corporation has liability for i	
24	25	29	30		Yes No
	9. Name and Address of Curr	ent Registered Agent	81 Name	10. Name and Address of New Re	gistered Agent
			611 Manie		
jaffee, 1			82 Street A	ddress (P.O. Box Number is Not Acceptab	le)
	1. 64TH STREET		63		
miami fl	. 33143		100		
	•		84 City		FL 85 Zip Code
-14 Discound b	The manufactor of Speciary 617 Of	500 and 617 4500 Etarials Statut	== the shows named (consection submits this statement for the n	FL
office or re	o the provisions or sections or root gastered agent, or both, in the Sta	ate of Florida. Such charge was	es, the above-hamou cauthorized by the corp	corporation submits this statement for the p oration's board of directors. I hereby accep	of the appointment as registe
agont (ag	n familiar with, and accept the obli	inglions of Section 617.0503/Fig	orida Statutes.		3 10016
agent ran					4 / 1/ 1/ 2
SIGNATURE \	Par Class		17		5/29/1
SIGNATURE >	Signal Language registered	injent and up if applicable (No.	Registered Agent signature (equired when reinstating)	DATE / LYLI
SIGNATURE 12.	Signal Company recognition of recognition of the property of t	AND DIRECTORS	Registered Agent signature in	equired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE / LYLI
SIGNATURE \(\frac{1}{2}\).	D PFFICERS A	injent and up if applicable (No.	13.	equired when reinstating) ADDITIONS/CHANGES TO OFFIC President / Secretary	DATE / LYLI
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