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Apr 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra L. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000005961 (5)**

1. Corporation Name

DIRT DOBBER, INC.

Principal Place of Business

Mailing Address

**7199 S.W. 64TH STREET
MIAMI FL 33143**

**7199 S.W. 64TH STREET
MIAMI FL 33143-3005**



3. Date Incorporated or Qualified
11/21/1996

3a. Date of Last Report
1/21/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JAFFEE, EMILY B
7199 S.W. 64TH STREET
MIAMI FL 33143**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.0508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature of typed or printed name of registered agent and, if applicable, (N.D. Registered Agent signature required when reinstating)

DATE

3/29/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **JAFFEE, EMILY B**
STREET ADDRESS **7199 S.W. 64TH STREET**
CITY - ST - ZIP **MIAMI FL 33143**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

**President / Secretary
Emily B. Jaffee
7199 S.W. 64th Street
Miami, Florida 33143**

☐ Change ☐ Addition

TITLE **D** ☐ DELETE
NAME **JAFFEE, ARNOLD M**
STREET ADDRESS **7199 S.W. 64TH STREET**
CITY - ST - ZIP **MIAMI FL 33143**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE **D** ☐ DELETE
NAME **LEE, ROBERT E**
STREET ADDRESS **7140 S.W. 18TH STREET**
CITY - ST - ZIP **PEMBROKE PINES FL 33023**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

14. I 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 officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, 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

Date

Daytime Phone # **305 667-9599**

CR2E037 (9/96)