SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

1996	See No.	DIVISION OF CORPORATIONS
DOCUMENT #	P93000023	416 (9)
RANDY DIXON, INC.		
Principal Place of Business	Mailir	ng Address
1075 101 ST	1075	i 101 ST



Principal Place of	Business	Mailing Address		, , , , , , , , , , , , , , , , , , , ,		1 60 110 (6006 1	(I)) V IV			
1075 101 ST		1075 101 ST								
#1 BAY HARBOR ISLANDS FL 33154		#1 BAY HARBOR ISLANDS F	22154		Date Incorporated or Qualified					
		DAT UNDON ISCHNOS I	L 90194		03/26/1993	09/25/1995				
	1 D	2a. Mailing Address			4. FEI Number	.l		App	Led Fo)r
Principal Place	e of Business	26			65-0400179				Applic	
Suite, Apt #. 6	ntc	Suite Apt #, etc.			5. Certificate of Status Desired	<u>1</u>			dditiona	al
3uite, Apr. #. 0	Lio.	27						e Req		–
City & State		City & State			6. Election Campaign Financing			.UU N	May Be	Ð
3		28	Cambi		Trust Fund Contribution 8. This corporation has liability for i	ntancible t				2
Zφ	Country	Ζφ	Country	у	Florida Statutes	Yes 🔲	No			
4	25	29	30		10. Name and Address of New Re-	gistered A	gent			
	9. Name and Address of Currer	nt Hagisterau Agent	81	Name						
DIXO	n, randy		02	Stroot Add	ress (P.O. Box Number is Not Acceptab					
1075	101 ST. #1		82 Stree							
BAY	HARBOR ISLANDS FL 33154		83	3						
			84	4 City			85	Zip C	ode	
			_	l	poration submits this statement for the pi tion's board of directors. Thereby accept	FL	Ш			
CICNATURE						DAD				
	ignature, typicsfor printed name of registered ac	ji: i. ar a tine r approxim		gent signalure requ	ared when reliefating) ADDITIONS/CHANGES TO OFFICE	DAIL CERS AND	DIRE	СТОЯ	S IN 12	2
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I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption is active 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 further certify that I am an officer or director of the corporation or the reserver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and made under oath, that I am an officer or director of the corporation or the reserver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Blog 112 or Block 13 if changed, or on an attachment with an address

GNATURE:

| SIGNATURE AND TYPED DIS PRINTED NAME OF SIGNING OFFICER OR DIRECTOR