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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000075570 (0)

DYER ENTERPRISES, INC.

Principal Place of Business Mailing Address 5850 T.G. LEE BLVD. 5850 T.G. LEE BLVD. **SUITE 480** SUITE 460 DO NOT WRITE IN THIS SPACE ORLANDO FL 32822 ORLANDO FL 32822 3. Date Incorporated or Qualified <u>10/25/1993</u> 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3205507 Not Applicable 21 Sulte, Apt. #. etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be П 23 Trust Fund Contribution Added to Fees Country Country Zip Zio 8. This corporation owes or has paid the current year Intangible Yes □Ño 24 Personal Property Tax due June 30. 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DYER, THOMAS B 5850 T.G. LEE BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) **SUITE 460** 83 ORLANDO FL 32822 **B4** Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes. **SIGNATURE** (NOTF: Registered Agent signature required when reinstating) Signature, typed or printed name of registerest a june and title if applicable LIATE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1.1 TITLE Change Addition TITLE NAME DYER, THOMAS B 1.2 NAME 5850 T.G. LEE BLVD., SUITE 175 STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL 32822 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition Change TITLE 2.1 TITLE BAKER, KARI D NAME 2.2 NAME 511 WOODLAWN BLVD. 2.3 STREET ADDRESS STREET ADDRESS ORLANDO FL 32801 CITY-ST-ZIP 2.4 CITY - ST - ZIP

6.4 CITY-S1-ZIP 6.4 CITY-S1-ZIP 6.4 CITY-S1-ZIP 6.4 CITY-S1-ZIP 6.4 CITY-S1-ZIP 6.4 CITY-S1-ZIP 7.4 Thereby cortify 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 of suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the cortain on or the receiver or trustre empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chart and or on an attachment with an address.

3.1 TITLE

4.1 TITLE

4. 2 NAME

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52 NAME

6.1 TITLE

6.2 NAME

3.3 STREET ADDRESS

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3.4. CITY-ST-ZIP

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Secretary of State