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

PROFIT CORPORATION ANNUAL REPORT

1998



LLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P94000040851 (5)

THE DUSTY URSINE CORPORATION

FILED Jun 18 1998 8:00am Secretary of State

Principal Plac	e of Business	Mailing Address			T LEGUISADE LEG SALEL ANERIT MENTE DALLE DALLE DALLE	il Bilbii Obibi (Bilbi 4118	JI 1806 1008
525 N. E. 21ST LANE-#C 525 N. E. 21ST LANE-#C			)				
GAINESVILLE FL \$2609 GAINESVILLE FL 32609					DO NOT WOLLE IN T	ווים מסעסה	
					DO NOT WRITE IN T  3. Date Incorporated or Qualified	HIS SPACE	
					' '		
2. Principal P	lace of Business	2a, Mailing Address			<b>05/26/1994</b> 4. FEI Number	T Apr	plied For
21		26			59-3240737		Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 A		
22		27		<b>5.</b> Certificate of Status Desired	Fee Rec		
City & State		City & State		6. Election Campaign Financing	\$5.00 •	May Be	
23		28			Trust Fund Contribution	Added to	
Zip	Country	Zφ m	Country		8. This corporation owes or has paid the		
24	9. Name and Address of Currer	29	30		Personal Property Tax due June 30.		No
<b>—</b>	<del></del>	it Hegistered Agent	81	Name	10. Name and Address of New Registe	red Agent	
	WRENCE, CHARLES D		["]	Name			
	N, E. 21ST LANE-#C		82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
GA	INESVILLE FL 32609		83				
							- 1
			84	City		B5 Zip C	ode
11. Pursuant t	to the provisions of Sections 607.050	2 and 607.1508. Florida Statute	es, the above-	named corno			registered
office or re	egi <b>ste</b> red agent, or both, in the State in <b>fam</b> iliar with, and accept the oblig	of Florida, Such change was a	authorized by t	he corporation	oration submits this statement for the purpor on's board of directors. I hereby accept the	appointment as m	egistered
*	ucr <b>a</b> mbar wite, and accept the cong.	mions or, section bor coop, tre	inda Statutes.				
SIGNATURE	Signature, typed or profed name of regelered again	st and the diapplicable (NOTA	Registered Agent	s gnature require	d when reinstating) DA	16.	l.
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS	3 IN 12
TITLE	P	☐ DELFTE	1.1 HTLE			Change	Addition
NAME	<u> </u>		1.2 NAME				[:
STREET ADDRESS			1.3 STREET A	DDRESS			
CITY-ST-ZIP	GAINESVILLE FL		1.4 CITY - ST-	ZIP			
TITLE		DELETE	2.1 TOLE			Change	Addition C
NAME			2 2 NAME				
STREET ADDRESS			2.3 STREET A	DORESS			
CITY-ST-ZIP				- ZIP			.,
TITLE		☐ DELETE 311				Change	☐ Addition
NAME			3.2 NAME				
STREET ADDRESS			3 3 STAFET AL	DDRESS			
CITY-ST-ZIP		Livier	3 4. CHY-SI-	ZIP			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
TITLE		☐ DETELE	4.1 TUTLE			L Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET AD				
CITY-ST-ZIP		DELFIE	4.4 CHY+S1+ZIP			Observe	Later Com
TITLE		ריז מנננונ	5.1 THILE			Change	Addition
NAME OTREET ADDRESS			5.2 NAME	DIVERSE			
STREET ADDRESS			5.3 STREET AL				
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - ST -	OP'		Change	Addition
NAME			6.1 TITLE	ł		L. J Gliange	☐ AOUITOR
STREET ADDRESS	•		62 NAME	approc			
		6.3 STREET AC					
CITY-ST-ZIP			6.4 CITY-ST-	ZIP'			

14. I 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 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.

1-18 08 251 2716 Ohl