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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P94000062355**1. Corporation Name

DAKOTA REAL ESTATE & MANAGEMENT, INC.

Delegie et Dis	of Dusiness	NA-c	alling Address										
Principal Place of Business			Mailing Address										
4731 W. ATLANTIC AVENUE			4731 W. ATLANTIC AVENUE B-14										
B-14 DELRAY BEACH FL 33445		_ :	DELRAY BEACH FL 33445					DO NOT WRITE IN THIS SPACE					
US		US						3. Date Incorporated or Qualifed					
								08/19/					
2. Principal Pla	ace of Business	2a.	Mailing Address					4. FEI Num				<u> </u>	plied For
21		26						<u>65-051</u>	<u>5992</u>				t Applicable
Suite, Apt. #	#, etc.		Suite, Apt. #, etc.					5. Certifcate	of Status De	sired		~\$8.75 / Fee Re	
22		27	O't 8 Ctata						O / Fix				
City & State	9		City & State						Campaign Finand Contribution			•	May Be to Fees
23 Zin	Country	28	Zip	Cou	intry				oration owes		ent vear Ir		
Zip	25	29	Дþ	30	,				Property Tax.		siit your n	Yes	□No
24	9. Name and Address of Curre		tered Agent		Τ –				nd Address of		egistered	Agent	
	5. Haine and routess of our	v	- I Gold		81	Name	,	•					
GILLI	espie, r b III						. A J J	- /D O B 1	lumbas is \$1-4	A and a d	bla	·	
	S FEDERAL HIGHWAY SUITE	300			82	Street	Addres	is (P.O. Box P	lumber is Not	Accepta	ibie)	,	
	A RATON FL 33432				83			-1			<del></del>		
										•••		or Zin	Code
					84	City					FI		Code
11. Pursuant	to the provisions of Sections 607.05 egistered agent, or both, in the Stat	te of Floric	ia. Such change was	authorized	d by i	the corp	corpor poration	ation submits 's board of dir	this statement ectors. I hereb	for the	purpose of the appo	of changing its pintment as re	registered   egistered
agent. I ai	m familiar with, and accept the oblig			iorida Stat	wes.	•							
agent. I ai	Signature, typed or printed name of registered at	gent and title	f applicable. (NOT	E: Registered	wes.	•		hen reinstating)		TO 05	DATE		DD9 IN 12
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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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90045 003 \*\*\*150.00