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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9500048730

1. Corporation Name

FILED Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90087 034 ***150.00

DAHL JONES, INC.								
Principal Place of Business	Mailing	g Address			I SARYARES IÑO (DIES OUS) OU PRIN	13 CO 141 60 286 10	ili dies t i s ili i seli	1166 400 4004
3401 N.E. 12TH TERRACE 3401 N.E. 12TH TERRACE								
OAKLAND PARK FL 33334 OAKLAND PARK FL 33334								
						VRITE IN TH	IIS SPACE	
					3. Date Incorporated or Quali	fed		
O. Dringinal Diagram 4 Day		ita Add			06/22/1995			
2. Principal Place of Business	├ ──``	iling Address			4. FEI Number		1	plied For
Suite, Apt. #, etc.	26	ite. Apt. #. etc.			65-0595684			t Applicable
		ne, Apr. #, erc.			5. Certifcate of Status Desired	d 🔲	\$8.75	
City & State	27 City	y & State					Fee Re	
23	28	, a olele			6. Election Campaign Financi Trust Fund Contribution	ùà ⊡	\$5.00 Added to	
	Country Zíp		Country			ourront was-		o rees
24 25	29		30		This corporation owes the corporate Property Tax.	Jurrent year		□No
	Address of Current Registered		,551		10. Name and Address of Ne	w Registere		
			81	Name				
GADOL, ALBERT			65	Ctench A 2 4	roce (D.O. Boy North and Alas A	- mtable \		
3401 N.E. 12TH TE			82	Street Addr	ress (P.O. Box Number is Not Acc	eptable)		
OAKLAND PARK FI	. 33334		83					
			با	<u> </u>				
			84	City	•	F	85 Zip C	ode '
				<u>L</u> .				
office or registered agent.	of Sections 607.0502 and 607.15 or both, in the State of Florida. So nd accept the obligations of, Sec	uch change was at	uthorized by	the corporation	poration submits this statement for on's board of directors. I hereby ac	the purpose cept the app	of changing its ointment as rec	registered gistered
agent, I am familiar with, a	or both, in the State of Florida. So and accept the obligations of, Sect	uch change was at tion 607.0505, Flor	uthorized by rida Statutes	the corporation	on's board of directors. I hereby ac	the purpose cept the app	of changing its ointment as rec	registered gistered
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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 for an attachment with an address, with all other like empowered.

SIGNATURE: