Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90246 016 ***150.00

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

Mailing Address

19331 PINES RIVID

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **P95000052925**

1. Corporation Name

Principal Place of Business

10001 DINES DIVO

ROBERT BRUCE DEHRING COMPANY

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SUITE 222 PEMBROKE PINES FL 33029		PEI	PEMBROKE PINES FL 33029					DO NOT WRITE IN THIS SPACE				
US .		US	US			3. Date Incorporated or Qualifed						
							07/03/19	95				ĺ
lace of Business		2a.	. Mailing Addre	ess			4. FEI Numbe	er .			pplied For	
21			26				65-05963	313		1	lot Applicable]
#, etc.			Suite, Apt. #,	etc.			E Cardifacta a	£ Status Desired		\$8.75	Additional	
		27					5. Certificate o	of Status Desired	ш	Fee F	Required]
e==========			-City & State			-	6. Election Ca	mpaign Financing		\$5.00	May Be	-
		28							П			ļ
, (Country	1	Zip	_	Country	/	8. This corpor	ation owes the curi	rent year	Intangible]
25			29 30			Personal P	roperty Tax.	•	☐ Yes	□No		
						10. Name and	Address of New i	Register	ed Agent]	
				·	81	Name						
DEHRING, ROBERT											1	
			82 Street			Street Ac	ddress (P.O. Box Nur	mber is Not Accepta	able)			ļ
					02		=	_				1
DITORE INTO					03							
					84	City				. 85 Zip	Code	1
						<u> </u>						
to the provisions	of Sections 607.0502	2 and 6	07.1508, Florid	da Statutes,	the abov	e-named co	corporation submits thi	is statement for the tors. I hereby acce	purpose	of changing it pointment as i	ts registered registered	1
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registered agent, o im familiar with, ar	r both, in the State of id accept the obligat	tions of,	, Section 607.0	505, Florida	a Statutes	š.						
	r both, in the State of accept the obligat						quired when reinstating)		DATE			
		t and title	if applicable.	(NOTE: Re			quired when reinstating)	/CHANGES TO OF	DATE	AND DIRECT	ORS IN 12	
	ed name of registered agent	t and title	if applicable.		gistered Age		quired when reinstating)		DATE		ORS IN 12	
Stgnature, typed or prin	od name of registered agent	t and title	if applicable.	(NOTE: Re	gistered Age		quired when reinstating)		DATE	AND DIRECT	ORS IN 12	
Signature, typed or prin	ed name of registered agent OFFICERS ANI	t and title	if applicable.	(NOTE: Re	gistered Age 13. 1,1 TITLE 1.2 NAME		quired when reinstating)		DATE	AND DIRECT	ORS IN 12	
D DEHRING, RO 18236 N.W. 6	od name of registered agent OFFICERS ANI BERT TH ST.	t and title	if applicable.	(NOTE: Re	gistered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE	nt signature req	quired when reinstating)		DATE	AND DIRECT	ORS IN 12	
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	#, etc. 9. Name and IRING, ROBERT 36 N.W. 6TH ST	Country 25 9. Name and Address of Curren IRING, ROBERT 36 N.W. 6TH ST. IBROKE PINES FL 33029	Place of Business #, etc. Country 9. Name and Address of Current Regis IRING, ROBERT 36 N.W. 6TH ST. IBROKE PINES FL 33029	NES FL 33029 Place of Business 2a. Mailing Addres 26 #, etc. Country Zip Z5 9. Name and Address of Current Registered Agent IRING, ROBERT 36 N.W. 6TH ST. IBROKE PINES ISSUER Suite, Apt. #, 27 City & State 28 Country Zip 29 9. Name and Address of Current Registered Agent IRING, ROBERT 36 N.W. 6TH ST.	SUITE 222 PEMBROKE PINES FL 33029 US Place of Business 2a. Mailing Address 26 #, etc. Suite, Apt. #, etc. 27 City & State 28 Country 25 9. Name and Address of Current Registered Agent IRING, ROBERT 36 N.W. 6TH ST. IBROKE PINES FL 33029	SUITE 222 PEMBROKE PINES FL 33029 US	SUITE 222 PEMBROKE PINES FL 33029 US Place of Business 2a. Mailing Address 26 #, etc. Suite, Apt. #, etc. 27 City & State 28 Country 25 29 30 9. Name and Address of Current Registered Agent IRING, ROBERT 36 N.W. 6TH ST. BROKE PINES FL 33029 81 Name 82 Street A 83 84 City	SUITE 222 PEMBROKE PINES FL 33029 US 3. Date Incorp. 07/03/19 3. Date Incorp. 05-0596 3. Date Incorp. 07/03/19 3. Date In	NES FL 33029 PEMBROKE PINES FL 33029 US 3. Date Incorporated or Qualifed 07/03/1995 4. FEI Number 65-0596313 #, etc. Suite, Apt. #, etc. City & State 28 Country 25 9. Name and Address of Current Registered Agent IRING, ROBERT 36 N.W. 6TH ST. BROKE PINES FL 33029 DO NOT WRI 3. Date Incorporated or Qualifed 07/03/1995 4. FEI Number 65-0596313 5. Certifcate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 8. This corporation owes the cur Personal Property Tax. 9. Name and Address of Current Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Accept 83 84 City	NES FL 33029 SUITE 222 PEMBROKE PINES FL 33029 US 3. Date Incorporated or Qualifed 07/03/1995 4. FEI Number 65-0596313 #, etc. Suite, Apt. #, etc. City & State 28 Country Zip Country Zip Country Zip Country 29 30 Personal Property Tax. 9. Name and Address of Current Registered Agent IRING, ROBERT 36 N.W. 6TH ST. IBROKE PINES FL 33029 DO NOT WRITE IN The 3. Date Incorporated or Qualifed 07/03/1995 4. FEI Number 65-0596313 5. Certifcate of Status Desired Trust Fund Contribution 6. Election Campaign Financing Trust Fund Contribution 8. This corporation owes the current year Personal Property Tax. 9. Name and Address of Current Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City	NES FL 33029 SUITE 222 PEMBROKE PINES FL 33029 US 3. Date Incorporated or Qualifed 07/03/1995 4. FEI Number 65-0596313 #, etc. Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 28 Country Zip Country Zip Country Zip Country 29 30 Suite, Apt. #, etc. B. This corporation owes the current year Intangible Personal Property Tax. 9. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) 81 Name 82 Street Address (P.O. Box Number is Not Acceptable)	NES FL 33029 SUITE 222 PEMBROKE PINES FL 33029 US 3. Date Incorporated or Qualifed 07/03/1995 4. FEI Number 65-0596313 #, etc. Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 28 Country Zip Country Zip Country Zip Country 30 Suite Agent Applied For Not Applied For St. Certifcate of Status Desired Fee Required Fee Required Fee Required \$5.00 May Be Added to Fees Added to Fees 10. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent 11. Name 12. Street Address (P.O. Box Number is Not Acceptable) 13. Name 14. Name 15. Street Address (P.O. Box Number is Not Acceptable) 16. Election Campaign Financing Fee Required Fee R

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.