Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90034 022 ***150.00

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 # P95000054067

1. Corporation						
DUNN &	ASSOCIATES, P.A.					
Principal Place	of Business	Mailing Address				
3785 NW 82ND	AVE	3785 NW 82ND AVE				
SUITE 117		SUITE 117		DO NOT WRITE IN THIS	· CDACE	
MIAMI FL 33166	3	MIAMI FL 33166			3FACE	
US		US		3. Date Incorporated or Qualifed		
	<u> </u>	D- 44-95 Add		07/13/1995 4. FEI Number	Applied For	
— ~ ·	ace of Business	2a. Mailing Address 26 \$500 50	U 92 St		Applied For	
21 3500		26 3 5 0 5 (042 7	65-0594525	Not Applicable \$8.75 Additional	
Suite, Apt.	*, etc. 202	SULL+C_21	22	5. Certifcate of Status Desired	Fee Required	
22 5 14-1	L	City & State		C Floring Committee Financia		
City & State	_ 11 ~ ′		નિવ	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
23 MIA	Country	28 P ((QIY)) - F	Country			
$\vdash \neg \circ i$	~/~ [] 1)	29 33156 B	¬ 1/4∧	 This corporation owes the current year Inferioral Property Tax. 	Yes No	
24 33 (0 0 <u> </u> 0-1	10. Name and Address of New Registered		
	9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name 0 2 4 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0					
DUN	N, MARCIA T			LODERT D. DUIII)		
3785 NW 82 AVE				tress (P.O. Box Number is Not Acceptable)	Surte 202	
#117			83	1300 3W 72317	J41/C 202	
MIAMI FL 33166				•		
			84 City /	llami FL	85 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 ar	n familiar with, and accept the obligation	ons of Section 607.0505, Florid	la Statutes.	· /	0.0	
SIGNATURE		<u> </u>	object D	Dunn 2/11/	y y	
	Signature, typed or printed name of registered agent		egistered Agent signature require 13.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12	
12.	D OFFICERS AND	DELETE			Change Addition	
TITLE	-	Access		Supp Polocet D	_ · · · _ /\	
NAME	DUNN, MARCIA T	UE CUITE 245	1.2 NAME	ounn, Robert D 1500 SW 92 St. Suite	2.0	
STREET ADDRESS	3785 NORTHWEST 82ND AVEN	UE, SUITE 213		500 3W 92 ST. SUME	202	
CITY-ST-ZIP	MIAMI FL 33166	POPULTE	1.4 CiTY-ST-ZIP	419M1, Fla: 33156	Change Addition	
TITLE	D DUDING MAROUS T	DELETE	2.1 TITLE	•		
NAME	DUNN, MARCIA T		2.2 NAME			
STREET ADDRESS	3785 NW 82ND AVE #117		2 3 STREET ADDRESS			
_CITY-ST:ZIP _	_MIAMI_FL		2.4 CITY-ST-ZIP		Change Addition	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	4,1 TITLE		Change Addition	
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
,						
CITY-ST-ZIP			5.4 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

305.270-9116