CR2E034 (11/98)

Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90040 045 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## 1999 **DOCUMENT #**

1. Corporation Name DODGE CROHD COMMUNICATIONS INC

DODGE	GROOF COMMUNICATIONS	), IIIO:							
Principal Plac	ce of Business	Mailing Address				1 1401(49) (10	IDIDI DILIL DEJIC BAJIS DUSI I		
18610 MISTY &		P.O. BOX 577 JUPITER FL 33468							
Joinenie	5450	VOI II EII TE VOI IO					DO NOT WRITE IN T	HIS SPACE	
}		•				3. Date Incorporate 10/11/1995	ed or Qualifed		
2. Principal F	Place of Business	2a. Mailing Address				4. FEI Number			Applied For
21		26				65-0614947			Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certifcate of Sta	Status Desired		
City & Sta	te	City & State		•		6. Election Campa Trust Fund Con	- 11		May Be
Zip	Country	Zip Country			8. This corporation	owes the current year	r Intangible		
24	25	29 30				Personal Property Tax. XYes No			
= <u>-1</u>	9. Name and Address of Curren	Registered Agent				10. Name and Add	ress of New Register	red Agent	
				1 Nan	10				
DODGE, DAVID W			8	82 Street Address (P.O. Box Number is Not Acceptable)					
18610 MISTY LAKE DRIVE			L			(	<u> </u>		
) JUP	PITER FL 33458		. 8	3					
			8	4 City				FL 85 Z	ip Code
l office or	t to the provisions of Sections 607.050, registered agent, or both, in the State am familiar with, and accept the obligat	of Florida. Such change was auti	nonzea b	v the co	ed corpo rporation	ration submits this sta 's board of directors.	itement for the purpos I hereby accept the ap	e of changing ppointment as	its registered registered
SIGNATURE		ALOTE O	aniatarad Ar	ant simpote	un convired	when reinstating)	DATE		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: R  12. OFFICERS AND DIRECTORS				ent signad	ne required		NGES TO OFFICERS		TORS IN 12
TITLE	PSTD	DELETE	13.			7.00/11/0/10/10/10	<u></u>	Chang	
NAME	DODGE, DAVID W		1.2 NAME	<b>.</b>		•	•		
STREET ADDRESS	ACCAC MICTURE NUT DON'T		1.3 STRE	ET ADDRE	ss i				
CITY-ST-ZiP	UDITED EL 20450			1.4 CITY-ST-ZIP					
TITLE	☐ DELETE		2.1 TITLE					Chang	ge 🔲 Addition
NAME			2.2 NAME						
STREET ADDRESS	s s		2.3 STRE	ET ADORE	ss				
CITY-ST-ZIP	•		2. 4 CITY	-ST-ZIP .			<u> </u>	<u></u> .	<u> </u>
TITLE		☐ DELETE	3.1 TITLE				.,,	☐ Chang	ge Addition
NAME			3.2 NAME	Ē					
STREET ADDRESS	l S		3.3 \$TRE	ET ADDRE	SS		.*		
CITY-ST-ZIP	·		3.4. CITY	-ST-ZIP		·			
**************************************		DELETE	A 1 TITLE	:				Chan	ge 🔲 Addition

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 comporation or the receiver or trusten 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, of one an attachment with an address, with all other like empowered.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

□ DELETE

☐ DELETE

☐ Change

☐ Change

Addition

☐ Addition