Applied For

Fee Required

\$5.00 May Be

Added to Fees

Yes

Not Applicable \$8,75 Additional

## 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 # P95000082631

GLADES BUILDING, SUITE 303

1. Corporation Name

DOBIE CA	APITAL, INC.								
Principal Place	of Business	Mailing Addres	ss	i 100 1100s nid i dest britt botte gatti gant nordt stud nor					
GLADES BUILDIN 877 EXECUTIVE ST. PETERSBUR	CENTER DRIVE. WEST	GLADES BUILDI 877 EXECUTIVE ST. PETERSBUF	CENTER DRIVE. WEST	DO NOT WRITE IN THIS SPACE					
				3. Date Incorporated or Qualified 10/27/1995					
2. Principal Pla	ace of Business	2a. Mailing Ad	dress	4. FEI Number	L				
21		26		59-3865721					
Suite, Apt. #	ŧ, etc.	Suite, Apt.	#, etc.	5. Certifc ate of Status Desired	\$8. Fe				
City & State		City & Stat	te	6. Election Campaign Financing Trust Fund Contribution	<b>\$5</b>				
Zip	Cour try	Zip	Country	8. This corporation owes the current year intang	gible				
24	25	29	30	Persor al Property Tax.	Ye				
	9. Name and Address of Cu	irrent Registered Agen	t	10. Name and Address of New Registers d Ag	ent				
MASO	CARA, ERNEST L		81 Name	A desay (D.O. Day Number in Net Acceptable)					

## FILED Apr 25, 1999 8:00 am Secretary of State

04-25-1999 90020 001 \*6,361.25



Street At dress (P.O. Box Number is Not Acceptable)

877 EXECUTIVE CENTER DRIVE, WEST ST. PETERSBURG FL 33702												
J., ,		84	City	F	8	35	Zip C	ode				
11. Pursuant	to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the	he above	e-named	or moration submits this statement for the purpose of	of cha	ngin	g its r	egistered				
office ( z re	to the provisions of Stations 607.0502 and 67.1506, Florida Sucties, degistered agent, or both, in the State of Florida. Such change was authom familiar with, and accept the obligations of, Section 607.0505, Florida	rized by	tne corbo	oration's board of directors. I hereby accept the application	ontm	ent a	is reg	stered				
SIGNATUF E Signature, typed or printed name of registered agent and title if applicable. (NOT Exegistered Agent signature required when reinstating)  DATE												
12.	OFFICERS ANI) DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	ND [	IRE	СТО	RS IN 12				
TITLE	DELETE DELETE	1.1 TITLE		D/P/T/S	X	] Cha	nge	Addition				
NAME	GOTTDENKER DONNA L	1.2 NAME		Joseph Gottdenker								
STREET ADORESS			ADDRESS	80 Aherbourne Street, Unit	ե 3	80						
CITY-ST-ZIP			T- ZIP	Toronto, Canada M5A-2R1								
TITLE		2.1 TITLE		D/VP	[.	] Cha	nge	X Addition				
NAME		2.2 NAME		Adam Gottdenker								
STREET ADORESS		2.3 STREET	ADDRESS	80 Aherbourne Street, Unit	- 3	80						
CITY-ST-ZIP		2.4 CITY- 8	T-ZIP	Toronto, Canada M5A-2R1				77				
TITLE		3.1 TITLE		D/VP		] Cha	nge	Addition				
NAME		3.2 NAME		Deborah Gottdenker								
STREET ADDRESS		3.3 STREE	ADDRESS	80 Aherbourne Street, Unit	30	8						
CITY-ST-ZIP		3.4. CITY-5	T-ZIP	Toronto, Canada M5A-2R1								
TITLE	[] DELETE	4.1 TITLE				] Cha	nge	Addition				
NAME		4. 2 NAME										
STREET ADDRESS		4 3 STREE	ADDRESS									
CITY-ST-ZIP		4 4 CITY-S	T-ZIP									
TITLE	☐ DELETE	5.1 TITLE				] Cha	nge	Addition				
NAME		52 NAME										
STREET ADDRESS		5.3 STREE	ADDRESS									
CITY-ST-ZIP		5.4 CITY-S	T-ZIP									
TITLE	☐ DELETE	61 TITLE				] Cha	nge	☐ Addition				
NAME		62 NAME										
STREET ADDRESS		6.3 STREE	FADDRESS					ĺ				
CITY-ST-ZIP		6.4 CITY-S										
14. I hereby c	ertify that the information supplied with this filing does not qualify for the	exempt	ion state	d in Section 119.07 (3)(i), Florida Statutes. I further of	ertify	that	the in	ormation				

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 attact ment with an address, with all other like empowered.

SIGNATURE:

NG OFFICE ? OR DIRECTOR

416-594-9696