May 08, 1999 8:00 am Secretary of State

05-08-1999 90055 026 \*\*\*150.00



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000048759

Corporation Name

	LAN DINEN, INC.					ERIN BEN ENER IEN IEN IE	
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Principal Place		Mailing Address					
737 HIGHWAY S	98 EAST	737 HIGHWAY 98 EAST Unit 4					
UNIT 4 UNIT 4  DESTIN FL 32541 DESTIN FL 32541					DO NOT WRITE	IN THIS SPACE	
020111112 020	••	DE01114 1 & 020 17			3. Date Incorporated or Qualifed		
					06/05/1996		ł
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	11	Applied For
21		26			59-3396061		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	1 1	5 Additional
22		27			C. Continued of Control Bourses	Fee	Required
City & Stat	te	City & State			6. Election Campaign Financing	1 1	May Be
23		28			Trust Fund Contribution	Adde	ed to Fees
Zip	Country	Zip	Country	,	8. This corporation owes the curren	t year Intangible ☐ Yes	□No
24	9. Name and Address of Curre	<del></del>	30		Personal Property Tax.  10. Name and Address of New Re		LINU
	5. Name and Address of Care	ut vediatelen väeut	81	Name	TO. Harrie and Addicas of New New	giotorea Agent	
OSW	/ALT, GREG S			L			
4116	i indian trail		82	82 Street Address (P.O. Box Number is Not Acceptable)			
DEST	TIN FL 32541		83	<del> </del>	<del></del>	<del></del>	
			84	City		FL   85   Z	ip Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607,1508, Florida Statutes	s, the abov	e-named c	orporation submits this statement for the pu	rpose of changing	its registered
office or r	registered agent, or both, in the State im familiar with, and accept the obligation	s of Florida. Such change was aut	thorized by	the corpor	ation's board of directors. I hereby accept t	the appointment as	registered
agent. La	in ramilial with, and accept the cong-	ations of, decitor our door, from	da Olalules	٠-			
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE: F	Registered Agei	nt signature rec	uired when reinstating)	DATE	
SIGNATURE		ent and title if applicable. (NOTE: F	Registered Age	nt signature rec	uired when reinstating)  ADDITIONS/CHANGES TO OFFICE		TORS IN 12
	OFFICERS A			nt signature rec			
12	OFFICERS AT OSWALT, GREG S	ND DIRECTORS	13.	nt signature rec		CERS AND DIREC	
12.	OFFICERS A D OSWALT, GREG S 737 HIGHWAY 98 EAST, #4	ND DIRECTORS	13. 1.1 TITLE 1.2 NAME	nt signature rec		CERS AND DIREC	
12. TITLE NAME	OFFICERS AT OSWALT, GREG S	ND DIRECTORS	13. 1.1 TITLE 1.2 NAME	T ADDRESS		CERS AND DIREC	ge Addition
12. TITLE NAME STREET ADDRESS	OFFICERS AT D OSWALT, GREG S 737 HIGHWAY 98 EAST, #4 DESTIN FL 32541 D	ND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREE	T ADDRESS		CERS AND DIREC	ge Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AID OSWALT, GREG S 737 HIGHWAY 98 EAST, #4 DESTIN FL 32541 D BILGER, DANIEL Q	ND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S	T ADDRESS		CERS AND DIREC	ge Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AID OSWALT, GREG S 737 HIGHWAY 98 EAST, #4 DESTIN FL 32541 D BILGER, DANIEL Q 3579 GRAND OAKS WAY	ND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE	T ADDRESS T-ZIP		CERS AND DIREC	ge Addition
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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 on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

SHOW THE MEDINED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR