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**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000095748

1. Corporation Name

## FILED Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90024 043 \*\*\*150.00

}	DIX, INC.								
Principal Place	e of Business	Mailing Address		<del></del>		O IOIRA OIREI OBIILE ARIEI GALE	I MBILO CALOL ALCIL I	(BB() B188) (B1) (B8)	
601 N FLAMINGO RD 1946 TYLER STREET									
300 HOLLYWOOD FL 33020									
PEMBROKE OINES FL 33028						DO NOT WRITE IN THIS SPACE			
US					1 **	3. Date Incorporated or Qualifed			
					11/22/1996 4. FEI Number	)		Applied Fax	-
L		2a. Mailing Address			65-070878	<b>E</b>	·	Applied For Not Applicable	-
	O NORTH FLAMINGO ROAD 26				007070070	0070700700		5 Additional	-
<u>├</u> ─ _' '	t. #, etc. Suite, Apt. #, etc.				5. Certifcate of S	5. Certificate of Status Desired Fee Required		-	ļ
	22 300 27 City & State City & State				6. Election Camp	aion Financina	\$5	00 May Be-	=
23 PEMBROKE PINES, FL		28			Trust Fund Co	11	•	ted to Fees	}
Zip	Country	Zip	Country			on owes the current ye	ear Intangible		7
24 334	28 25 U.S.A.	29	30		Personal Prop	•	Yes	□No _	
	9. Name and Address of Current Re				10. Name and Ad	dress of New Regist	tered Agent		
			81	Name			*		
PLOUCHA, L M		82	Street	Address (P.O. Box Number	iress (P.O. Box Number is Not Acceptable)			┪	
	S TYLER ST			Street Address (F.O. Box Number is Not Accept		,			
HOL	LYWOOD FL 33020		83						
			84	City			. 85	Zip Code	┥
	•			",			FL	<u> </u>	
11. Pursuant	to the provisions of Sections 607.0502 an egistered agent, or both, in the State of F	nd 607.1508, Florida Statute:	s, the abov	e-named	corporation submits this s	tatement for the purpo	se of changing	g its registered	1
office or n	egistered agent, or both, in the State of F m familiar with, and accept the obligations	longa. Such change was au s of, Section 607.0505, Flori	tnonzed by da Statutes	тпе согра 3.	bration's board or director:	s. I hereby accept the	appointment a	a registered	
SIGNATURE									
JOHATORE									ļ
	Signature, typed or printed name of registered agent and		Registered Age	nt signature re	equired when reinstating)		ATE		_ 3
12.	OFFICERS AND D	DIRECTORS	13.		ADDITIONS/CI	DA HANGES TO OFFICEI	RS AND DIRE		
12.	OFFICERS AND D		13.		ADDITIONS/CH	IANGES TO OFFICE	RS AND DIRE		
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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 opporation 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.

**SIGNATURE:**