

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

FILED
Jul 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000102659
1. Corporation Name

DAWSON PROFESSIONAL SERVICES

Principal Place of Business: 1828 NW 152 Str., Opa-Locka, FL 33054
Mailing Address: P. O. Box 69-4502, Miami, FL 33169

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 1828 NW 152 Str. Suite, Apt. #, etc. 22 City & State: 23 Opa-Locka, FL 33054 Zip Country: 24 25	2a. Mailing Address: 26 P. O. Box 69-4502 Suite, Apt. #, etc. 27 City & State: 28 Miami, FL 33169 Zip Country: 29 30
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3. Date Incorporated or Qualified J Jan. 1997	4. FEI Number 65-0714621	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No		

9. Name and Address of Current Registered Agent

Rennée Dawson
1828 NW 152nd Street
Miami, FL 33054

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Rennée Dawson*

(NOTE: Registered Agent's signature required when reinstating)

7/3/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	11 TITLE	12 NAME
STREET ADDRESS	CITY-STATE-ZIP	13 STREET ADDRESS	14 CITY-STATE-ZIP
TITLE	NAME	21 TITLE	22 NAME
STREET ADDRESS	CITY-STATE-ZIP	23 STREET ADDRESS	24 CITY-STATE-ZIP
TITLE	NAME	31 TITLE	32 NAME
STREET ADDRESS	CITY-STATE-ZIP	33 STREET ADDRESS	34 CITY-STATE-ZIP
TITLE	NAME	41 TITLE	42 NAME
STREET ADDRESS	CITY-STATE-ZIP	43 STREET ADDRESS	44 CITY-STATE-ZIP
TITLE	NAME	51 TITLE	52 NAME
STREET ADDRESS	CITY-STATE-ZIP	53 STREET ADDRESS	54 CITY-STATE-ZIP
TITLE	NAME	61 TITLE	62 NAME
STREET ADDRESS	CITY-STATE-ZIP	63 STREET ADDRESS	64 CITY-STATE-ZIP

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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)(b), 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 registered agent empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE: *Rennée Dawson* RENNÉE DAWSON 4/29/98 (305) 681-2407

CR2E034 (10/97)