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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **P97000034096**1. Corporation Name

FILED Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90028 019 ***150.00

DYLAN, I	INC.						
Principal Place	of Rucinose	Mailing Address				III BOLOO IIIII BIOII	88110 10110 AI(I 1881
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3333 63RD AVENUE EAST 3333 63RD AVENUE EAST BRADENTON FL 34203 BRADENTON FL 34203			J1				
					DO NOT WRITE I	N THIS SPACE	<u> </u>
					3. Date Incorporated or Qualifed		
					04/14/1997	 	Canada de Fan
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	<u> </u>	Applied For
21	Market .	26			65-0745165	<u> </u>	Not Applicable 75 Additional
Suite, Apt. #, etc.		├ ┐	Suite, Apt. #, etc.		_5. Certifcate of Status Desired		e Required
City & State		City & State	City & State		e Flanting Committee Figureine		.00 May Be
City & State		28	1 '		6. Election Campaign Financing Trust Fund Contribution		ded to Fees
Zip	Country	Zip	Cou	intry	8. This corporation owes the current		
	25	29	30	,	Personal Property Tax.	☐Yes	12No -
24	9. Name and Address of Current		100].	<u> </u>	10. Name and Address of New Regi	stered Agent	
				81 Name			
	on, Sean			82 Street A	ddress (P.O. Box Number is Not Acceptable	1	-46
3333 63RD AVENUE EAST				oz Sueet A	duress (F.O. BOX Natificer is Not Nosephasia	, -	
Brai	DENTON FL 34203			83		-	
				0.4 000		85	Zip Code
				84 City		FL "	2.0000
office or o	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	at Florida. Such change wa	s autnonzed	ov the corbo	corporation submits this statement for the pur ration's board of directors. I hereby accept th	pose of changing a pose of changing a position of the contract	g its registered as registered
SIGNATURE	Signature, typed or printed name of registered agent	and the if andicable (N	OTC: Posisterer	Anant exmeture re	quired when reinstating)	DATE	
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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 eceiver 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 an attachment with an address, with all other like empowered.

SIGNATURE:

REQUIRED

Daytime Phone #