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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 27 1998 8:00am Secretary of State

1	JMENT ion Name DIXIE R-L		97000)1C)7286 ((1)						
Principal Place of Business					Mailing Address							
918 SPRING CIRCLE. #202				918 SPRING CIRCLE. #202								
DEERFIELD BEACH FL 33441				DEERFIELD BEACH FL 33441								
											DO NOT WRITE IN THIS SPACE	
											3. Date Incorporated or Qualified 12/22/1997	
2. Principal Place of Business					2a. Mailing Address						4. FEI Number Applied For	\dashv
21	THE COUNTY		26							65-07-99986 Not Applicate	ole	
Suite, Apt. #. etc.					Suite, Apt. #, etc.						\$8.75 Additional	
22					27						5. Certificate of Status Desired Fee Required	
City & State					City & State						6. Election Campaign Financing \$5.00 May Be	
23					28						Trust Fund Contribution	
Zip	Zip		ountry Zip		Zıp	p Co.		Country			8. This corporation owes or has paid the current year intangible	
24	9. Name and Address of Curren			29 30							Personal Property Tax due June 30. Yes No	_
<u> </u>	•		ese of Current	Regis	tered Agent			81	Name		10. Name and Address of New Registered Agent	_
	AARTIN, LEV		***					"	Name			
918 SPRING CIRCLE, #202								82	Street /	Addre	ess (P.O. Box Number is Not Acceptable)	П
DEERFIELD BEACH FL 33441								63				\dashv
<u> </u>												
							į	B4 City			FL 85 Zip Code	
11. Pursuant to the provisions of Soctions 607 0502 and 607 1508. Florida Statutes								the above-named corr				ad
office of	r registered as	ent, or bot	h, in the State o	f Florid	da Such change	was a	authorized	d by	the corp	oratio	oration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered	î
SIGNATURE												_
12.	Signature, typed		e of registered agent OFFICERS AND			(NOTI	13.	Age	nt signature	required	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D		JI I GETTS FUTE	Dirice	DELET	E	1.1 TI	LE			Change Additi	ion
NAME	MARTIN	i, Lewis (3				1.2 N		ļ		— · — ·	ı
STREET ADDRESS	STREET ADDRESS 918 SPRING CIRCLE, #202							1.3 STREET ADDRESS				ŀ
CITY-ST-ZIP DEERFIELD BEACH FL 3344				2			- 1	1.4 CITY-ST-ZIP				
TITLE			· · · · · · · · · · · · · · · · · · ·		☐ DELETI	E	2 1 TI		·		☐ Change ☐ Additi	on
NAME							2.2 N	ME				
STREET ADDRESS	s						2 3 51	AEET .	ADDRESS			
CITY-ST-ZIP							2.40	TY-S	ST-ZIP			
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NAME	1						3.2 N	ME				
STREET ADDRESS	3						3.3 ST	REET	address			
CITY-ST-ZIP						_	3.4. CI		T-ZIP			
TITLE					☐ DELETI	t	4.1 1/1				Change Additi	on
NAME	.1						4. 2 No		[ľ
STREET ADDRESS	8								ADDRESS			
CITY-ST-ZIP	 				DELETE	F	4.4 00		T-ZIP		Change Addition	on
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NAME CTOCCT ADDOCCO	,						5.2 NA		*DDDC00			
STREET ADDRESS	<u>`</u>								ADDRESS			
CITY-ST-ZIP TITLE	- 				DELETE	F	5.4 CI		1-ZIP		☐ Change ☐ Addition	On
NAME					ال مدددان	-	6.2 NA				C country C Account	J11
STREET ADDRESS									ADDRESS]			
CITY-ST-ZIP							6.4 CI		1			

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 of 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 of the deceiver 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. Upon any situation must be address.

CIGNATURE.

97-426-1672