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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000033328					
1. Corporation Name DINGER EXPRESS, INC.					
Principal Place of Business 2586 S. CONWAY RD. APT. #1114 ORLANDO FL 32812			Mailing Address 2586 S. CONWAY RD. APT. #1114 ORLANDO FL 32812		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 21			2a. Mailing Address 26		
Suite, Apt. #, etc. 22			Suite, Apt. #, etc. 27		
City & State 23			City & State 28		
Zip 24			Zip 29		
Country 25			Country 30		
9. Name and Address of Current Registered Agent GLAVIN, GRACE ANNE ESQ. 1340 TUSKAWILLA RD. WINTER SPRINGS FL 32708			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code		
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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS TITLE D <input type="checkbox"/> DELETE NAME DINGER, DAVID H STREET ADDRESS 2586 S. CONWAY RD. APT. #1114 CITY-ST-ZIP ORLANDO FL 32812					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE OWNER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME DINGER, DAVE H 1.3 STREET ADDRESS 2875 S. ORANGE AVE #500 1.4 CITY-ST-ZIP ORLANDO, FL. 32806					
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)