## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550,00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P98000033328

1. Corporation Name

## **FILED** Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90023 001 \*\*\*150.00

DINGER	1 EXPRESS, INC.					 	) <b>33</b> 191 <b>33</b> 592 <b>3</b> 69	
ì '	ce of Business	Mailing Address						
2586 S. CONWAY RD.,APT.#1114 2586 S. CONWAY RD.,APT.# ORLANDO FL 32812 ORLANDO FL 32812								
ONLANDO FL	32812	ORLANDO FL 32812				DO NOT WRITE IN TH	IS SPACE	
ļ					-	- 3. Date Incorporated or Qualifed -	ر به هم - `	
						04/06/1998		
2. Principal F	Place of Business	2a. Mailing Address				4. FEI Number	P	pplied For
21		26				59-3503858	1	lot Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75	Additional
22		27				5. Certificate of Status Desired	Fee F	tequired
City & Star	te	City & State				6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution	Added	to Fees
Zip	Country	Zip		untry		<ol><li>This corporation owes the current year</li></ol>	_=	_
24	25	29	30			Personal Property Tax.	Yes	No
	9. Name and Address of Cu	rrent Registered Agent		81	NI	10. Name and Address of New Registere	a Agent	
Cl V	AVIN. GRACE ANNE ESQ.			01	Name	;		
1340 TUSKAWILLA RD.				82	Stree	t Address (P.O. Box Number is Not Acceptable)		
	ITER SPRINGS FL 32708							
ייייי	TIEN OF THINGS I'E SELVE			83				
				84	City	<u> </u>	. 85 Zip	Code
						<b>__</b>		
11. Pursuant	t to the provisions of Sections 607 registered agent, or both, in the Si	.0502 and 607.1508, Florida State of Florida, Such change w	tatutes, the a	above	named	d corporation submits this statement for the purpose poration's board of directors. I hereby accept the ap-	of changing it cintment as r	s registered egistered
agent. I a	am familiar with, and accept the of	bligations of, Section 607.0505	, Florida Sta	tutes		poration a bodie of circulates. Thereby accept the app	OMILINOIN CO.	ogistore o
SIGNATURE								
	Signature, typed or printed name of registered		NOTE: Registere	d Agen	t signature	required when reinstating) DATE		
12.	<del>,</del>	S AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS		
TITLE	D DATE DATE	☐ DELETE	1.1 T	ITLE		DIVIED DAVE IL	Change	Addition
NAME	DINGER, DAVID H		1.2 N	AME		UINGER, UNIVERTIFIED	^	
STREET ADDRESS		.#1114	1.3 S	TREET	ADDRESS	2875 S. OKHNGE MUE #50	•	
CITY-ST-ZIP	ORLANDO FL 32812		1.4 C	ITY-SI	-ZIP	DINGER, DAVE H 2875 S. OLANGE AVE #50 OKLANDO, P. 32806		
TITLE		☐ DELETE	2.1 T	ITLE			Change	☐ Addition
NAME	l .		2.2 N	AME				
STREET ADDRESS			2.3 S	TREÉT	ADDRESS			
CITY-ST-ZIP				CITY-S	T-ZIP	<u> </u>		
TITLE		☐ DELETE	3.1 T	TLE			☐ Change	Addition Addition
NAME			3.2 N	AME		1		
STREET ADDRESS			3.3 S	TREET	ADDRESS			
CITY-ST-ZIP				ITY-S	T-ZIP			
TITLE		DELETE	4.1.1	TLE			Change	Addition
NAME			4.21	IAME				
STREET ADDRESS			435	TREET	ADDRESS	s <b>†</b>		
CITY-ST-ZIP			4.00	INCLI	ADD/1230			
			4.4 C	ITY-5 <u>1</u>				
TITLE		☐ DELETE	4.4 C	MY-ST			☐ Change	☐ Addition
NAME		DELETE	4.4 C 5.1 Ti 5.2 N	ITY-ST ITLE AME	-ZIP		. – •	Addition
		☐ DELETE	4.4 C 5.1 Ti 5.2 N	ITY-ST ITLE AME		A service of the serv	. – •	Addition
NAME		☐ DELETE	4.4 C 5.1 Ti 5.2 N 5.3 S 5.4 C	ITY-ST ITLE AME TREET ITY-ST	-ZIP ADDRESS	A service of the serv	. – •	1
NAME STREET ADDRESS		☐ DELETE	4.4 C 5.1 Ti 5.2 N 5.3 S 5.4 C	ITY-ST ITLE AME TREET ITY-ST	-ZIP ADDRESS	A service of the serv	. – •	Addition Addition
NAME STREET ADDRESS CITY-ST-ZIP			4.4 C 5.1 Ti 5.2 N 5.3 S 5.4 C	ITY-ST ITLE AME IREET ITY-ST TLE	-ZIP ADDRESS	A service of the serv		1
NAME STREET ADDRESS CITY-ST-ZIP TITLE			4.4 C 5.1 Ti 5.2 N 5.3 S 5.4 C 6.1 Ti 6.2 N	ITY-ST ITLE AME TREET ITY-ST TLE AME	-ZIP ADDRESS			1

14. I hereby certify that the information supplied with this files 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 appeal 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 recorder 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:

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR