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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000042122

1. Corporation Name

DOMEX CAPITOL CORP.

Principal Place of Business

1203 DOCKSIDE PLACE SARASOTA FL 34242

Mailing Address

1203 DOCKSIDE PLACE SARASOTA FL 34242

May 07, 1999 8:00 am Secretary of State

05-07-1999 90039 036 ***150.00



DO NOT WRITE IN THIS SPACE

2. Mailing Address 2. Mailing Address 3. Scattle 3						3. Date Incorporated or Qualifed 05/07/1998	-	
Sulle, Apt. #, etc. 27	— '	ace of Business	<u> </u>				⊢ ←	
Second Status Second Statu	21					03 -0170-0		
Zip	Suite, Apt. :	#, etc.	⊢ '''			5. Certifcate of Status Desired	•	
23	City & State	e	City & State			· - ! ! !		•
9. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent 11. Name and Address of New Registered Agent 12. STREET ADDRESS STREET ADDRESS OTY-57-2P TITLE DELETE 13. STREET ADDRESS OTY-57-2P TITLE DELETE 14. STREET ADDRESS OTY-57-2P TITLE DELETE 15. STREET ADDRESS OTY-57-2P TITLE DELETE 16. STREET ADDRESS OTY-57-2P TITLE DELETE 17. STREET ADDRESS OTY-57-2P TITLE DELETE 18. STREET ADDRESS OTY-57-2P TITLE DELETE	23					Trust Fund Contribution		d to Fees
9. Name and Address of Current Registered Agent INGANAMORT, MILFORD 1203 DOCKSIDE PLACE SARASOTA FL 34242 10. Name and Address (P.O. Box Number is Not Acceptable) 11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the pursose of changing its registered agent. I am findling with, nat accept the obligations of, Section 607 0505, Florida Statutes. 11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the pursose of changing its registered agent. I am findling with, nat accept the obligations of, Section 607 0505, Florida Statutes. 12. OFFICERS AND DIRECTORS INGANAMORT, MILFORD INGENERATORESS INTELE INTEL I		Country		٦ .	/	·	_	[□No
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INGANAMORT, MILFORD 1203 DOCKSIDE PLACE SARASOTA FL 34242 82 Street Address (P.O. Box Number is Not Acceptable) 83 City FL 85 Zip Code 84 City FL 85 Zip Code 85 City FL 85 Zip Code 86 City FL 85 Zip Code 87 City FL 85 Zip Code 88 City FL 85 Zip Code 89 City FL 85 Zip Code 90 Change Addisor 90 Change Addisor 90 Change Addisor 91 Change C		9. Name and Address of Current	Registered Agent	0.4	Nama	10. Name and Address of New Registered A	gent	
1203 DOCKSIDE PLACE SARASOTA FL 34242 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 agent, or both, in the State of Florida. Such change was authorized by the opporation's board of directors. I hereby accept the appointment as registered agent, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, agent agent and the state of Florida. Such change was authorized by the opporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Statutes agent a	INCA	MANORT MILEORD		0	Name			
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 agent, or both, in the State of Florida, Such change was submitted by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the caligations of, Section 607 0505, Florida Statutes. SIGNATURE					82 Street Address (P.O. Box Number is Not Acceptable)			
The presuant to the provisions of Sections 607 0502 and 807.1508, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607.0505, Florids Statutes. SIGNATURE SIGNATURE SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE OFFICERS AND DIRECTORS IN 12 TITLE OSTORES ARASOTA FL 34242 14. CITY. 5T.2P TITLE ODELETE 13. TITLE ORDER AND STREET ADDRESS STREET ADDRESS CITY. 5T.2P DELETE 3. TITLE 3. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Additor ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE ORDER ADDRESS CITY. 5T. 2P TITLE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE ODELETE 1.1 TITLE ODELETE 2.1 TITLE ODELETE 3.1 TITLE	SARASOTA FL 34242				83			
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, or and accept the obligations of, Section 607,0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, or and accept the obligations of, Section 607,0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, or and accept the obligations of, Section 607,0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change is a possible of directors. I hereby accept the appointment as registered agent, or both in the State of Portson of Change in the State of Change is a possible of the Change in the State of Change is a possible of Change in the State of Change is a possible of Change in the State of Change in				84	City	FI	85 Zi	Code
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Signature, typed or privated name of regulational agent and site of sportable. (NOTE: Regulational Agent and site of sportable). (NOTE: Regulational Agent and sportable). (NOTE: Regulational Agent and setting and sportable). (NOTE: Regulational Agent and setting and sportable). (NOTE: Regulational Agent and setting	office or re	edistered agent, or both, in the State o	of Florida. Such change was auth	onzea by	tne corporat	tion's board of directors. I hereby accept the appoint	ment as	registered
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 1 12 1 1 TITLE	SIGNATURE	Signature, typed or printed name of registered agent	and little if applicable. (NOTE: Re	gistered Age	nt signature reduir	red when reinstating) DATE		
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STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY ST. 7/9		X .		6.2 NAME				
SACITY ST 7/D		•		6.3 STREE	ET ADDRESS			
	CITY-ST-ZIP			6.4 CITY-	ST-ZIP			

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 receiver 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: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

941-780.5290