

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

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90037 025 ***150.00

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DOCUMENT # P98000049334

1. Corporation Name
DEXRON INVESTMENT #2 CORP.

Principal Place of Business
118 SOUTH WESTSHORE BLVD. STE 429
TAMPA FL 33609

Mailing Address
118 SOUTH WESTSHORE BLVD. STE 429
TAMPA FL 33609



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/02/1998

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

Yes No

2. Principal Place of Business

21 4532 W. KENNEDY BLVD.

Suite, Apt. #, etc.

22 SUITE 201

City & State

23 TAMPA, FL.

Zip

24 33609

Country

25 USA

2a. Mailing Address

26 4532 W. KENNEDY BLVD.

Suite, Apt. #, etc.

27 SUITE 201

City & State

28 TAMPA, FL.

Zip

29 33609

Country

30 USA

9. Name and Address of Current Registered Agent

EVANS, NOEL K ESQ.
201 E KENNEDY BLVD, STE 1500
TAMPA FL 33602

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
NAME EVANS, NOEL K ESQ.
STREET ADDRESS 201 E KENNEDY BLVD, STE 1500
CITY-ST-ZIP TAMPA FL 33602

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CD
1.2 NAME HOFFMAN, M.D.
1.3 STREET ADDRESS 4932 ST. CROIX DRIVE
1.4 CITY-ST-ZIP TAMPA, FL. 33629

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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:

M. D. HOFFMAN
CHAIRMAN

DEXTER HOFFMAN
CHAIRMAN

4/2/99

813-288-1014

Date

Daytime Phone #

CR2E034 (11/98)