

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 # P98000057970

1. Corporation Name

DICE SALES & MARKETING INC.

Principal Place of Business

**1910 NORTHWEST 18TH STREET
BAY 10
POMPANO BEACH FL 33069**

Mailing Address

**1910 NORTHWEST 18TH STREET
BAY 10
POMPANO BEACH FL 33069**

FILED
Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90112 004 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/30/1998

4. FEI Number

65-0905824

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 4701. N. Federal HWY.

Suite, Apt. #, etc.

22 Suite 470

City & State

23 Lighthouse Point

Zip

Country

24 FL 33064 25 USA

2a. Mailing Address

26 4701. N. Federal HWY

Suite, Apt. #, etc.

27 Suite 470

City & State

28 Lighthouse Point. FL

Zip

Country

29 FL 33064 30 USA

9. Name and Address of Current Registered Agent

**HANSEN, WILLY
1910 NORTHWEST 18TH STREET
BAY 10
POMPANO BEACH FL 33069**

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

Willy Hansen

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/29-99

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **Einar Lamoy**

STREET ADDRESS **4701.N.Federal HWY. Suite 470**

CITY-ST-ZIP **Lighthouse Point. FL 33064**

TITLE ☐ DELETE

NAME **Bjorn Stokke**

STREET ADDRESS **4701. N. Federal HWY. Suite 470**

CITY-ST-ZIP **Lighthouse Point. FL 33064**

TITLE ☐ DELETE

NAME **Secretary/tresure**

STREET ADDRESS **Willy Hansen**

CITY-ST-ZIP **1910. NW. 18th street. Bay 10**

TITLE ☐ DELETE

NAME **Pompano Beach. FL 33069**

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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:

Willy Hansen
REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/22-99

954-970-3408

CR2E034 (1/98)