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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P98000060729**1. Corporation Name

DOFISH, INC.

FILED Apr 02, 1999 8:00 am Secretary of State

04-02-1999 90101 039 ***150.00



Principal Plac	e of Business	Mailing Address				r indiindi ism sõikai (disi noili Baisi n	Dite Affish Bish andit fan	18 11818 1811 1881
142 EAST CAHILL COURT 142 EAST CA			AHILL COURT					
BIG PINE KEY FL 33043		BIG PINE KEY FL 33043			DO NOT WRITE IN THIS SPACE			
					ŀ	Do Not WRITE Date Incorporated or Qualifed	IN THIS SPACE	
						07/09/1998		
2 Principal F	Place of Business	2a. Mailing Address				4. FEI Number		pplied For
21	1000 0. 225000	26				65-0849130)	lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional
22		27				5. Certificate of Status Desired	Fee F	Required
City & Stat	te	City & State				6. Election Campaign Financing		May Be
23		28				Trust Fund Contribution	Added	to Fees
i Zip ── ₁	Country	Zip	Coul	ıtry		8. This corporation owes the current	year Intangible	X No
24	9. Name and Address of Curren	29	30			Personal Property Tax. 10. Name and Address of New Reg		1500
	9. Name and Address of Correct	it itagistered Agent		81 Nam		10.		
AME	RILAWYER					(D.O. D N	<u> </u>	
343 ALMERIA AVENUE				82 Stree	et Addres	s (P.O. Box Number is Not Acceptable	")	
COP	RAL GABLES FL 33134			83				
				04 0:5			85 Zip	Code
				84 City				Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statu	ites, the al	ove-name	ed corpor	ation submits this statement for the pur	pose of changing it	s registered
office or r agent. I a	registered agent, or both, in the State im familiar with, and accept the obliga	of Florida. Such change was a tions of, Section 607.0505, Fl	autnorized orida Statu	by the co tes.	rporation	's board of directors. I hereby accept the	ie appointment as i	egistored
SIGNATURE								
	Signature, typed or printed name of registered agen	· · · · · · · · · · · · · · · · · · ·		gent signatur	re required w	hen reinstating)	DATE	
12.	OFFICERS AN					ADDITIONO/OURNOCO TO OFFIC	さいぐ えいい いいこくさ	ADC IN 12
		D DIRECTORS	13.	E		ADDITIONS/CHANGES TO OFFIC		
TITLE	PSTD	D DIRECTORS	1,1 TiT			ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECT Change	
NAME	PSTD DEPUY, PENELOPE		1,1 T/T 1.2 NA	ME	35	ADDITIONS/CHANGES TO OFFIC		
NAME STREET ADDRESS	PSTD DEPUY, PENELOPE 142 EAST CAHILL COURT		1,1 T(T 1,2 NA 1,3 ST(ME EET ADDRES	58	ADDITIONS/CHANGES TO OFFIC		
NAME STREET ADDRESS CITY-ST-ZIP	PSTD DEPUY, PENELOPE		1,1 T(T 1,2 NA 1,3 ST(ME EET ADDRES Y-ST-ZIP	ss	ADDITIONS/CHANGES TO OFFIC		Addition
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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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP