

FILE NOW: FILING FEE IS \$61.25

AMENDED

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---

APPROVED  
AND  
FILED

99 JUN 28 PM 3:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000064995**

1. Corporation Name  
**DINUSH, INC.**

Principal Place of Business <b>10180 W. BAY HARBOR DR #4C</b> <b>BAY HARBOR ISLANDS FL 33154 US</b>	Mailing Address
---	-----------------

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified <b>7-15-1998</b>	4. FEI Number <b>65-0913257</b> Applied For Not Applicable	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	--	---	---	--	--

9. Name and Address of Current Registered Agent <b>REHHAUT, BERNARD</b> <b>10180 W. BAY HARBOR DR #4C</b> <b>BAY HARBOR ISLANDS FL 33154 US</b>	10. Name and Address of New Registered Agent 81 Name <b>N/A</b> 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
--	--

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>REHHAUT, DINA</b>	12 NAME	<b>100002936931--0</b>
STREET ADDRESS	<b>10180 W. BAY HARBOR DR #4C</b>	13 STREET ADDRESS	<b>-07/20/99--01094--025</b>
CITY-ST-ZIP	<b>BAY HARBOR ISLANDS FL 33154 US</b>	14 CITY-ST-ZIP	<b>*****70.00 *****70.00</b>
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WESTBROOK, DENISE</b>	22 NAME	
STREET ADDRESS	<b>10180 W. BAY HARBOR DR #4C</b>	23 STREET ADDRESS	
CITY-ST-ZIP	<b>BAY HARBOR ISLANDS FL 33154 US</b>	24 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>REHHAUT BERNARD</b>	32 NAME	
STREET ADDRESS	<b>10180 W. Bay Harbor Dr #4C</b>	33 STREET ADDRESS	
CITY-ST-ZIP	<b>Bay Harbor Island, FL 33154</b>	34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET 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 617, 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: **Bernard Harris** **BERNARD REHHAUT** 6-22-99 305-865-8248  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)