

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Secretary of State

03-06-1999 90084 008 ***163.75

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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P98000074025

1. Corporation Name
C.S. DODDS PROPERTY MGMT. INC.



Principal Place of Business
 17220 N.W. 45TH COURT
 MIAMI FL 33055

Mailing Address
 17220 N.W. 45TH COURT
 MIAMI FL 33055

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/21/1998

4. FEI Number
65-0857107

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing **\$5.00** May Be Added to Fees

7. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 **17220 NW 45 CT**
 Suite, Apt. #, etc.
 22
 City & State
 23 **Miami FL**
 Zip - Country
 24 **33055** 25

2a. Mailing Address
 26 **SAME**
 Suite, Apt. #, etc.
 27
 City & State
 28
 Zip - Country
 29 30

9. Name and Address of Current Registered Agent
DODDS, CLINT S
 17220 N.W. 45TH COURT
 MIAMI FL 33055

10. Name and Address of New Registered Agent

81 Name **CLINT DODDS**

82 Street Address (P.O. Box Number is Not Acceptable)
17220 NW 45 CT

83 **m**

84 City **Miami FL** 85 Zip Code **33055**

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 607.0503, Florida Statutes.

SIGNATURE *Clint Dodds* DATE **1/26/99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE CLINT DODDS PRESIDENT <input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	1.1 TITLE	
NAME CLINT DODDS		1.2 NAME	
STREET ADDRESS 17220 NW 45 CT		1.3 STREET ADDRESS	
CITY-ST-ZIP Miami FL 33055		1.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS NONE		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	6.1 TITLE	
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 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: *Clint Dodds* DATE: **1/24/99** (205) 623-4849
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (1/198)