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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000105332

DINCENILEIMED INC

FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90079 020 ***150.00

DINGEN	HEIMEN, INC.							
Principal Pla	ce of Business	Mailing Address				- I (BANGON CIO IBIO) (BIT) BANGO OFINE BANGO SIGI		
5117 CASTELLO DRIVE #1 5117 CASTELLO DRIVE #1 NAPLES FL 34103 NAPLES FL 34103							w- cp. cc	
						DO NOT WRITE IN TH	HIS SPACE	
		1				3. Date Incorporated or Qualifed		
						12/18/1998		-0.45
2. Principal	Place of Business	2a. Mailing Address				4. FEI Number	<u> </u>	plied For
21		26				Applied for	···	t Applicable
Suite, Apt	t. #, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	\$8.75 A	
22		27 City & State				a Flatin Comming Financing	\$5.00	
⊢ '	ate====================================					6. Election Campaign Financing Trust Fund Contribution	Added	
Zip	Country		Col	untry		8. This corporation owes the current year		
	25	29	30	,		Personal Property Tax.	Yes	□No
24	9. Name and Address of Currer		1301	1		10. Name and Address of New Register	ed Agent	
	V. Maine and Addissa VI Oditel			81	Name			
AME	BURN, JAMES W					(DO Davidson)		
	7 CASTELLO DRIVE #1			82	Street Add	ress (P.O. Box Number is Not Acceptable)		
	LES FL 34103			83				
]								
}				84	City	F	85 Zip (Code
11. Pursuar	nt to the provisions of Sections 607.050)2 and 607.1508, Florida Statut	tes, the	above	-named corp	poration submits this statement for the purpose ion's board of directors. I hereby accept the ap	of changing its	registered gistered
agent. I	r registered agent, or both, in the State am familiar with, and accept the obliga	ations of, Section 607.0505, Fig	orida Sta	tutes.	uie corporati	ions doubt of directors. Thereby decept the sp	,	g.010/04
SIGNATURE								
SIGNATURE	Signature, typed or printed name of registered age				t signature require	ed when reinstating) DATE		
12.	OFFICERS AI	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	D	☐ DELETÉ	1.1 T	TTLE	ļ		☐ Criange	Addition
NAME	BINGENHEIMER, ERICH		1.2 N	NAME	1			
STREET ADDRES	s 5117 CASTELLO DRIVE #1		135	STREET	ADDRESS			
CITY-ST-ZIP	NAPLES FL 34103		,,,,		I			
TITLE	D		1.4 (CITY-ST	r- ZiP			- Addition
NAME	I —	DELETE	1.4 (CATY-ST	r-Z I P		☐ Change	Addition
	BINGENHEIMER, BRIGITTE	☐ DELETE	1,4 C 2,1 T		r-ZiP		☐ Change	☐ Addition
STREET ADDRES		DELETE	1.4 C 2.1 T 2.2 M	TITLE NAMÉ	ADDRESS		☐ Change	Addition
STREET ADDRES			1.4 C 2.1 T 2.2 N 2.3 S 2.4	TITLE NAME STREET CITY-S	ADDRESS			
1	5117 CASTELLO DRIVE #1	☐ DELETE	1.4 C 2.1 T 2.2 N 2.3 S 2.44 3.1 T	TITLE VAME STREET CITY-S TITLE	ADDRESS		☐ Change	Addition
CITY-ST-ZIP	5117 CASTELLO DRIVE #1		1.4 C 2.1 T 2.2 N 2.3 S 2.4 L 3.1 T 3.2 N	TITLE STREET CITY-S TITLE NAME	ADDRESS T-ZIP			
CITY-ST-ZIP	ss 5117 CASTELLO DRIVE #1 NAPLES FL 34103		1.4 C 2.1 T 2.2 N 2.3 S 2.4 L 3.1 T 3.2 N	TITLE STREET CITY-S TITLE NAME	ADDRESS			
CITY-ST-ZIP TITLE NAME	ss 5117 CASTELLO DRIVE #1 NAPLES FL 34103	DELETE	1.4 C 2.1 T 2.2 N 2.3 S 2.4 J 3.1 T 3.2 N 3.3 S 3.4 A	TITLE STREET CITY-S TITLE NAME STREET CITY-S	ADDRESS T-ZIP		Change	☐ 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.

SIGNATURE

E. SOULULUMU JUE BIBBE ON L'AMEN SIGNATURGAND TYPEDY OR PRINTED NAME OF SIGNING OFFICER OR DIRECTED.

4-16-99

941-649-1152