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

PROFIT CORPORATION ANNUAL REPORT.

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

May 04, 1999 8:00 am Secretary of State

05-04-1999 90220 035 ***150.00

■ **

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$42092 1. Corporation Name

CITY-ST-ZIP

DAWES ENTERPRISES, INC.

						٠.			
Principal Place	e of Business	Mailir	ng Address					Billis Bibil Bibir Ala	
3927 KENILWORTH BLVD		3927 1	3927 KENILWORTH BLVD						
SEBRING FL 33870		SEBRI	SEBRING FL 33870				DO NOT WRITE IN	THIS SPACE	
-							Date Incorporated or Qualifed	THIS ST ACE	
		1					03/28/1991		
2 Principal D	lace of Business	2a. M	ailing Address				4. FEI Number		Applied For
─	lace of positiess	26	alling Address				59-3061748	 } -	Not Applicable
Suite, Apt.	#. etc.		uite, Apt. #, etc.			-			Additional
22		27	•				5. Certificate of Status Desired	Fee	Required
City & State	e		ity.& State			•	6. Election Campaign Financing	\$5.0	May Be
23		28					Trust Fund Contribution	Adde	d to Fees
Zip	Country	Zi	p	Cou	intry		8. This corporation owes the current ye		5
24	25	29		30			Personal Property Tax.		⊠ No
	9. Name and Address of Cur	rrent Register	ed Agent				10. Name and Address of New Regist	ered Agent	<u> </u>
DAW	IES MICHAEL				81	Name	:		
DAWES, MICHAEL 3927 KENILWORTH BLVD					82	Street Add	ress (P.O. Box Number is Not Acceptable)		
	RING FL 33870				92				
OLD:	11110 1 2 00070				83				
					84	City	the state of the s	FL 85 Zi	p Code
		0500 1 007	4500 Florida States	na tha a		named corr	poration submits this statement for the purpo		its registered
office or r	egistered agent, or both, in the St	ate of Florida.	Such change was a	iuthorized	1 DV t	the corporati	ion's board of directors. I hereby accept the	appointment as	registered
agent. I a	m familiar with, and accept the ob	ligations of Se	ection 607.0505, Flo	rida Stati	utes.		<u> </u>	2-20	-
SIGNATURE		Cot and title if an	NOTE:	Registered	Anent	signature require	ed when reinstating)		
	Signature, typed or printed name of registered			Registered	l Agent	signature require	ad when reinstating) ADDITIONS/CHANGES TO OFFICE	TE RS AND DIRECT	TORS IN 12
12.	Signature, typed or printed name of registered	AND DIRECT				t signature require	ad when reinstating) ADDITIONS/CHANGES TO OFFICE	RS AND DIREC	
12. TITLE	Signature, typed or printed name of registered OFFICERS		ORS	13.	TLE	t signature require			
12. TITLE NAME	Signatus. typed or printed name of registered OFFICERS PD DAWES, MICHAEL		ORS	13. 1.1 TI 1.2 №	TLE AME	a signature require			
12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered OFFICERS		ORS	13. 1.1 ∏ 1.2 № 1.3 ST	TLE AME	ADDRESS			
12. TITLE NAME	Signatuse, typed or printed name of registered OFFICERS PD DAWES, MICHAEL 3927 KENILWORTH BLVD		ORS	13. 1.1 ∏ 1.2 № 1.3 ST	TLE AME FREET	ADDRESS			e
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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.