Apr 28, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S85768

1. Corporation Name

DACKON INTERNATIONAL INC

raskon interi	NATIONAL, INC.										
Principal Place of Busine	ess	Mailing Address		_	 -	'"	 				#(#I) #I#II 1491
BOX 7215		BOX 7215									
LAKELAND FL 33807-7215 US		LAKELAND FL 33807-7215				1	DO NOT WE	DITE IN TE	ile eb/	CE	
		US				2 Data I					
						10/04	corporated or Qualifed 11001	1			
2 Principa Place of Rus	nase.	2a. Mailing Address				4. FEI Nu				T Ar	or lied For
		-	- 1			59-30					ot Applicable
21		Suite, Apt. #, etc.				 			\$		A ditional
22		27				5. Certifo	te of Status Desired		,	Fee Re	ec uired
City & State		City-& State				- 6. Election	Campaign Financing	J –		\$5:00	May Be
23		28				Trust F	und Contribution	' 			tc Fees
Zip Cour try		Zip	Cour	Country		8. This co	rporation owes the cu	rrent year			
24	25	29	30				al Property Tax.			Yes	∐No
9. Nam	e and Address of Current	Registered Agent		1		10. Name a	and Address of New	Registere	d Age	<u>1t</u>	
RASSEL, DAV	IID D			81	Name						j
	LAKE HILLS LN		l	82	Street Ac dre	ess (P.O. Box	Number is Not Accep	table)			
LAKELAND FI											
CALEDAID L	L 33013			83							
				84	City		.		. 8	5 Zip	C ode
								F			
11. Pursuant to the prov	visions of Sections 607.0502	and 607.1508, Florida Statu	ites, the at	bove-i	named ccrpc	oration submit	s this statement for th	e purpose	of cha	nging its	s registered
office or registered a agent. am familiar	visions of Sections 607.0502 agent, or bo h, in the State c with, and accept the obligati	f Florida, Such change was ons of, Section 607.0505, Fl	orida Statu	i by th utes.	ie corporatio	in's board of C	s this statement for th irectors. I hereby acc	e purpose ept the ap	of char pointme	nging its ent as re	s registered
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14. 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 of 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 chapted or on an attach negowith appears, with a lighter like empowered.

CEF: OR DIRECTOR

SIGNATURE: