

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 21 1997 8:00 am
Secretary of State

DOCUMENT # S96985 (4)

1. Corporation Name
DIXIE INVESTMENT MANAGEMENT, INC.



Principal Place of Business
2880 W. OAKLAND PARK BLVD.
SUITE 118
FT. LAUDERDALE FL 33311
US

Mailing Address
C/O I&S MGMT INC. 2880 W OAKLAND PARK BLVD
SUITE 118
FT. LAUDERDALE FL 33311
US

3. Date Incorporated or Qualified
11/27/1991

3a. Date of Last Report
04/10/1996

4. FEI Number
65-0318716

Applied For
Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

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

9. Name and Address of Current Registered Agent

SUSANNA SCHMOCKER C/O I&S MANAGEMENT INC.
2880 W. OAKLAND PARK BLVD.
SUITE 118
FT. LAUDERDALE FL 33311

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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 607.0505, Florida Statutes.

SIGNATURE SUSANNA SCHMOCKER, PRESIDENT S. Schmocker 2/14/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME DR
STREET ADDRESS DOELEMEYER, HANS J.
CITY - ST - ZIP C/O 1761 W HILLSBORO BLVD, 405
DEERFIELD BEACH FL

TITLE ☐ DELETE
NAME DR
STREET ADDRESS KRAUSE, Regina
CITY - ST - ZIP C/O 1761 W HILLSBORO BLVD, 405

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME DR.
1.3 STREET ADDRESS DOELEMEYER, HANS J.
1.4 CITY - ST - ZIP C/O I&S MANAGEMENT INC. 2880 W. OAK-
land PARK BLVD, SUITE 118, FT. LAUDERDALE

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME DR.
3.3 STREET ADDRESS KRAUSE, REGINA C/O I&S MANAGEMENT INC.
3.4 CITY - ST - ZIP 2880 W. OAKland PARK BLVD, SUITE 118
FT. LAUDERDALE FL 33311

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do 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.

SIGNATURE:

Regina Krause
REGINA KRAUSE PRESIDENT

02/10/97

Date Daytime Phone #

CR2E034 (9/96)