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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # SQQ202

1. Corporation DRY DIV	ER INTERNATIONAL, INC.								
Principal Place of Business Mailing Address						-	IIBII EIBII EIBII	#(8() BIBIT (88)	
725 N A1A 725 N A1A ST STE C-117 STE C-117									
JUPITER FL 33477 JUPITER FL 33477						DO NOT WRITE IN THIS SPACE			i
US US .						3. Date Incorporated or Qualifed			
						12/10/1991	1		
2. Principal Pl	ace of Business	2a. Mailing Address	⊢ *			4. FEI Number		pplied For	
21		26				65-0307608		ot Applicable Additional	
Suite, Apt. #; etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired		leguired	i
22		27 City & State							
City & State						6. Election Campaign Financing \$5.00 May Be Added to Fees			
Zip	Country	Zip				This corporation owes the current year Intangible			
—	25 29		30			Personal Property Tax.	Yes	□No	l
24	9. Name and Address of Current	<u> </u>	1			10. Name and Address of New Registered	Agent		
	J. Hallo and Addides of Carrent	i i i i i i i i i i i i i i i i i i i		81	Name				j
MORSE, RICHARD H			20 21			(D.O. D. M. Annaharia			1
725 N A1A STE C-117			82 Street Add			ss (P.O. Box Number is Not Acceptable)			l
JUPI	TER FL 33477		<u> </u>						l
			Ļ				11	0.4-	l
				84	City	FL	85 Zip	Code	İ
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	, the ab	ove-r	named corpo	ration submits this statement for the purpose of solution of directors. I hereby accept the appo	changing it	s registered	ĺ
office or n	egistered agent, or both, in the State of m familiar with, and accept the obligati	of Florida. Such change was auth	norized la Statu	by the	e corporation	's board of directors. I hereby accept the appo	intment as r	egistered	l
1	in laminal with, and accept the obligation	oris or, couldn't correctly i forta						:	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: R			egistered /	Agent si	ignature required	when reinstating) OATE			6
12.	OFFICERS ANI		13			ADDITIONS/CHANGES TO OFFICERS A			٤
TITLE	PD DELETE		1.1 TIT	1.1 TITLE		7-7	Change	Addition	1 2
NAME	MORSE, RICHARD H		1.2 NA	ME		•			1 3
STREET ADDRESS	725 N A1A STE 117C		1.3 ST	1.3 STREET ADDRESS					ļ
CfTY+ST+ZIP	JUPITER FL 33477		•	1.4 CITY-ST-ZIP			// Ch	Addition	ļ
TITLE				2.1 TITLE			Change	Addition	`
NAME		. 22		2.2 NAME					
STREET ADDRESS		1	2.3 ST		DDRESS				
CITY-ST-ZIP			2.4 CITY-ST-ZIP		ZIP			Addition	
TITLE	-		'3.1 Titl			·	☐ Change	, Moninovi	1
NAME	•		3.2 NA						}
STREET ADDRESS			3.3 STREET ADDRESS		DDRESS				
CITY-ST-ZIP	□ nr: str		_	3.4. CITY-ST-ZIP			□ Cha===	Addition	1
TITLE		☐ DELETE	4.1 TITLE				☐ Change	Addition	
NAME			4.2 NAME						ĺ
STREET ADDRESS	,		4.3 \$TREE		DORESS				
CITY-ST-ZIP	·	F ²⁴	4.4 CITY-5		ZIP		Charre	☐ Addition	1
TITLE		☐ DELETE	5.1 TTLE			,	Change	e Addition	
NAME			5.2 NA						ĺ
STREET ADDRESS					DDRESS				ĺ
CITY-ST-ZIP				5.4 CITY-ST-ZIP			ПС	Addition	1
TITLE	DELETE			6.1 TITLE 6.2 NAME			. Change	Addition	1
NAME									
STREET ADDRESS			6.3 ST	REETAI	DORESS				

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 suppliemental 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 oddess, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

FILED Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90002 017 ***150.00