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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 10, 1999 8:00 am ___ Secretary of State

05-10-1999 90195 033 ***150.00

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DOCUMENT # V18278

1. Corporation Name

DINETTE SHOWCASE AND MORE, INC.

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US US DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 03/03/1992 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-3110213 Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State City & State Country Anne and Address of New Registered Agent RHEA, WILLIAM H. State Address (P.O. Box Number is Not Acceptable) FL Street Address (P.O. Box Number is Not Acceptable) The 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 re 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, and purpose of printed name of registered agent and title if applicable. RICHE Registered Agent signature required when remotating) DATE Change Change	Applicable Idditional Juired May Be Fees No ode egistered istered
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City & State Country 8. This corporation owes the current year Intangible Personal Property Tax. Yes Personal Property Tax. Yes Street Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Country 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 respectively agent. In a familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and tills if explicable. (NOTE: Registered Agent signature required when rematating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE NAME RHEA, WILLIAM H. STREET ADDRESS 3777 N PALAFOX ST DEVICE COLA F. II Country Country Country 8. This corporation owes the current year Index of Personal Property Tax. Yes Personal Property Tax. Yes Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) 82 Street Address (P.O. Box Number is Not Acceptable) 83 Zip Country 84 City FL 85 Zip Country 85 Zip Country 85 Zip Country 86 Zip Country 87 Zip Country 87 Zip Country 88 Zip Country 89 Zip Country 80 Zip Country 80 Zip Country 81 Name 82 Street Address (P.O. Box Number is not Acceptable) 84 City FL 85 Zip Country 85 Zip Country 86 Zip Country 87 Zip Country 87 Zip Country 88 Zip Country 87 Zip Country 88 Zip Country 89 Zip Country 80 Zip Country 81 Name 82 Street Address (P.O. Box Number is not Acceptable) 84 City 85 Zip Country 85 Zip Country 86 Zip Country	No ode egistered istered
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9. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent 81 Name RHEA, WILLIAM H. 5586 N PALAFOX ST PENSACOLA FL 32503 82 Street Address (P.O. Box Number is Not Acceptable) 83 Registered Agent 84 City FL 85 Zip Co 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 re 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, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE SIgnature, typed or printed name of registered agent and bite if applicable. (NOTE: Registered Agent alignature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR 11TILE D RHEA, WILLIAM H. 377 N PALAFOX ST DENEACOULA FL	ode egistered istered
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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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I is	

officer or director of the corporation or the receiver or trustee empowered to execute this report as re Block 12 or Block 13 if ckanded, or on an attachment with an address, with all other like empowered. SIGNATURE://