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Feb 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # V29092

(6)

1. Corporation Name

A-DICKIE BAIL BONDS, INC.



Principal Place of Business

1399 NW 17TH AVENUE
SUITE 302A
MIAMI FL 33125
US

Mailing Address

1399 NW 17 AVENUE
SUITE 302A
MIAMI FL 33125-2349
US

2. Principal Place of Business

21 1399 NW 17 AVE

22 Suite, Apt. #, etc. SUITE 306 D

23 City & State MIA FL

24 Zip 33125

25 Country US

2a. Mailing Address

26 PO Box 695087

27 Suite, Apt. #, etc.

28 City & State MIA FL

29 Zip 33269

30 Country US

3. Date Incorporated or Qualified

04/13/1992

3a. Date of Last Report

02/20/1996

4. FEI Number

65-0346068

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

9. Name and Address of Current Registered Agent

DICKIE, MICHAEL A.
6848 SW 11 ST
PEMBROKE PINES FL 33023

10. Name and Address of New Registered Agent

81 Name Deanna L. Dickie

82 Street Address (P.O. Box Number is Not Acceptable)

6848 SW 11 ST

83

84 City Pembroke Pines

FL

85 Zip Code 33023

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

Michael A. Dickie

Deanna Dickie

1/23/97

Signature, type or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME DICKIE, MICHAEL A.
STREET ADDRESS 6848 SW 11 ST
CITY-ST-ZIP PEMBROKE PINES FL ☐ DELETE

TITLE ST
NAME DICKIE, MICHAEL A.
STREET ADDRESS 6848 SW 11 ST
CITY-ST-ZIP PEMBROKE PINES FL ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME Deanna L. Dickie
2.3 STREET ADDRESS 6848 SW 11 ST
2.4 CITY-ST-ZIP Pembroke Pines FL 33023 ☐ Change ☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

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

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

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

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:

Michael A. Dickie

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/97

305-3246001

Date

Daytime Phone #

CR2E034 (9/96)