Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **V29092**

1. Corporation Name

Dringinal Place of Business

A-DICKIE BAIL BONDS, INC.

	or Dadinicou						
1399 NW 17TH	AVENUE	P.O. BOX 695087					
SUITE 306D		MIAMI FL 33269			DO NOT WRITE IN THIS SPACE		
MIAMI FL 33125		US	US		3. Date Incorporated or Qualifed		
US		1 .			1 '		
		- 1 1	· · .		04/13/1992		-lind For
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		olied For
21		26			65-0346068		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A Fee Red	
22 City 8 State		City & State	# T - +	يججع وججع	6. Election Campaign Financing	\$5.00	May Ro
City & State	e	⊢ ′			Trust Fund Contribution	Added to	
23	Country	Zip	Coun	tn/			
Zip	` `	, — — — — — — — — — — — — — — — — —		u y	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No		
24	25	29	[30]		10. Name and Address of New Registered A		
	9, Name and Address of Curren	it Registered Agent		81 Name	10. Name and Address of New Registered A	.gent	
nick	KIE, DEANNA L.		ł	o i Name			
6848 SW 11 STREET			82 Street Add		ress (P.O. Box Number is Not Acceptable)		}
PEMBROKE PINES FL 33023			-	B3			
			}	B4 City		85 Zip C	ode
					<u> </u>	1	
11. Pursuant office or reagent. I as	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	2 and 607.1508, Florida Statut of Florida. Such change was a tions of, Section 607.0505, Flo	tes, the ab authorized orida Statu	ove-named corp by the corporations: es.	poration submits this statement for the purpose of con's board of directors. I hereby accept the appoin	tment as reg	jistered
SIGNATURE				gent signature require	ed when reinstation) DATE		\
	Signature, typed or printed name of registered age	ID DIRECTORS	13.	igen in signature require	ADDITIONS/CHANGES TO OFFICERS AN	DIRECTO	RS IN 12
12.	PD OFFICERS AN	DELETE	1.1 TITI		ADDITIONS/OFFICES TO OFFICE ACT	Change	Addition
TITLE		- Present	1.2 NA			_ `	_
NAME	DICKIE, MICHAEL A.						
STREET ADDRESS	6848 SW 11 ST			EET ADDRESS			
CITY-ST-ZIP	PEMBROKE PINES FL		14 CIT	/-ST-ZIP			
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6.4 CITY-ST-ZIP

SIGNATURE:

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 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, withyall other like empowered.

Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90011 031 ***150.00