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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90030 025 ***150.00

DOCUMENT # VA5340

1. Corporation DOWG P	PROPERTIES OF WNY, INC.							
Principal Place	of Business	Mailing Address					141 81911 818)() ()(()
110 N MAGNOL	IA ST	110 N MAGNOLIA ST						
TALLAHASSEE FL 32301 TALLAHASSEE FL 32301				DO NOT WRITE IN THIS SPACE		î.E		
					3. Date Incorporated or Qualifed	11110 01 7		
					06/23/1992			
2 Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number		Appl	lied For
21		26		. -	16-1420593		Not	Applicable
Suite, Apt. :	#, etc.	Suite, Apt.#, etc.			5. Certifcate of Status Desired		3.75 Ac	
22		27			3. Certificate of Status Desired		Fee Req	uired
City & State	e	City & State			6. Election Campaign Financing	•	5.00 _№	•
23		28			Trust Fund Contribution		Added to	Fees
Žip	Country	Zip	Country		8. This corporation owes the current y	ear Intangib ☐ \	le 'aa Ì	XNo
24	25	29 3	<u></u>		Personal Property Tax. 10. Name and Address of New Regis			AINO
	9. Name and Address of Curren	t Registered Agent	81 Na		10. Name and Address of New Keyls	teleu Agel		
THE	PRENTICE-HALL CORPORATION	SYSTEM INC.						
1201 HAYS STREET		. • . • . • . · · · · · · · · · · · · ·	82 Street Ad		ss (P.O. Box Number is Not Acceptable)			}
	E 105		83					
	AHASSEE FL 32301						T	
			84 Cit	У		FL 85	Zip Co	ode
11 Pursuant	to the provisions of Sections 607.050	2 and 607.1508. Florida Statutes	the above-nar	ned corpo	oration submits this statement for the purp n's board of directors. I hereby accept the		ging its re	egistered
office or r	egistered agent, or both, in the State	of Florida. Such change was aut	horized by the o	corporation	n's board of directors. I hereby accept the	appointme	nt as regi	istered
		tions of Section 607 0505. Florid	ia Statutes.					I
-	m familiar with, and accept the obligat	tions of, Section 607.0505, Florid	ia Statutės.					
SIGNATURE	m familiar with, and accept the obligat	tions of, Section 607.0505, Front	da Statules.		when reinstating) D.	ATE		
SIGNATURE	Signature, typed or printed name of registered agen	t and little if applicable. (NOTE: R D DIRECTORS	egistered Agent signa			ATE RS AND DI	RECTOR	RS IN 12
SIGNATURE	Signature, typed or printed name of registered agen OFFICERS AN	t and little if applicable. (NOTE: R	egistered Agent signs 13. 1.1 TITLE		when reinstating) D.	ATE RS AND DI		
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14. 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, with all other like ampowered.

SIGNATURE: