PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	V69891
DILLON RASMUSSEN	N. INC.

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Principal Place	e of Business	Malling Addres	38			1 19411 BITE I BING 19141 IBITE 1914			
P.O. BOX 215		P.O. BOX 215							
CLEARWATER F	FL 34617	CLEARWATER FI	L 34617				. N. T. UC COA		
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						10/05/1992			
2. Principal P	tace of Business	2a. Mailing Add	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 10/05/1992 4. FEI Number 65-0367490 Applied For Not Applicable 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing Fee Required 6. Election Campaign Financing Sountry 8. This romo commodition Country 8. This corporation owes the current year Intangible Personal Property Tax. Yes No 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number Is Not Acceptable) 83 84 City FL 85 Zip Code						
21 1206	N. OccolA	26	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 10/05/1992 4. FEI Number 65-0367490 Applied For Not Applied be 8. State 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing Fee Required 8. State Country 8. This corporation owes the current year Intangible Personal Property Tax. Agent 10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83.						
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City & State	0	City & State	6			6. Election Campaign Financing			
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Zip	Country	Zip		Country	/	g. This corporation owes the current			
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	9. Name and Address of Currer	nt Registered Agent	1			10. Name and Address of New Re	gistered Ager	nt	
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qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and accurate and that my signature shall have the same legal effect as if made under cath; that I am an wered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in iss, with all other like empowered. 14. I hereby certify that the information supplied with this filing do indicated on this annual report or supplemental annual report officer or director of the corporation or the receiver or trustee Block 12 or Block 13 if changed, ogog an attachment with an

6.4 CITY-ST-ZIP

SIGNATURE:

FILED Aug 09, 1999 8:00 am Secretary of State

08-09-1999 90002 001 ***150.00

09-16-1999 90014 025 ***400.00