SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name F93000004161

FIRST DAKOTA, INC.

Principal Place of Business
212 N. FOURTH ST
BISMARCK ND 58501

Mailing Address

212 N. FOURTH ST BISMARCK ND 58501

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

08-13-1999 90013 002 ***550.00



DO NOT WRITE IN THIS SPACE

									 Date Incorporated or Qualified 09/10/1993 				
2. Principal Place of Business				2a. Mailing Address					4. FEI Number Applied				
21			26	•					45-0372526		Not Applicable		
Suite, Apt. #, etc.			27	Suite, Apt. #, etc.					5. Certificate of Status Desired	sesired \$8.75 Additional Fee Required			
City & State				City & State					6. Election Campaign Financing \$5.00 May Be				
23				28					Trust Fund Contribution Added to Fees				
Zip		Country		Zip Cou			try 8. This cor		8. This corporation owes the current year	,			
24	25 29					30			Intangible Personal Property. Yes No				
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name													
0.7.0000001701101101101111							Name						
.		ATION SYSTEM				82 Street Address (P.O. Box Number is Not Acceptable)							
		PINE ISLAND ROAD					Quode,	144.00					
PLAI	ntation i	FL 33324		83									
							0.11			lee 2	Zip Code		
						84	City		FL	85 2	ib Code		
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													
	Signature, typed	or printed name of registered agent			<u> </u>		gent signatu	re require	ed when reinstating) DATE		77000 111 10		
12.		OFFICERS AND	DIRE			13.		MA Z	ADDITIONS/CHANGES TO OFFICERS AND				
TITLE	AT			DELETE		1 TITLE		PKE.	SIDENT	Chan	ge (XL) Addition (
NAME		SON, KIMBERLY		_		2 NAME		ROG	ER ALLEN				
STREET ADDRESS	ss 2701 N. ROCKY PT DRIVE 7TH FLOOR					1.3 STREET ADDRESS 2701 N. ROCKY POINT DR. 7TH. FLOOR							
CITY-ST-ZIP	TAMPA I	FL 33607			1	4 CITY-ST	-ZIP	TAL	1PA FL. 33607 SECRETARY				
TITLE	DT			DELETE	2	1 TITLE		1	SECRETARY	Chan	ge 🔀 Addition		
NAME	GUNDEF	rson, thomas m		•	2	2 NAME		GE	KRY GUNDERSON		'		
STRÉET ADORESS	212 N. F	OURTH ST		•	2	3 STREET	ADDRESS	212	LN 4TH, STREET				
CITY-ST-ZIP	BISMAR	CK ND 58501	-	·	- 2	4 CITY-ST	-ZIP -	Bu	SMARCK, ND 58501 -	-			
TITLE	VP .			DELETE	3	1 TITLE		TRE	ASURER	Chan	ge X Addition		
NAME	OGUIST,	MYRA N		/ `	3	2 NAME		GA	RY WARD		•		
STREET ADORESS	2701 N	ROCKY POINT DR 7TH	FLO	OR	3	3 STREET	ADDRESS	270	OI'M, ROCKY POINT OR, 774. F	LOOR			
CITY-ST-ZIP	TAMPA I	EL .			3	4 CITY-ST	-ZIP	-T/	AMPA EL. 33607				
TITLE				DELETE	4	1 TITLE		A<9	AMPA FL. 33607 H. Treawer [Chan	ge Addition		
NAME	•			<u> </u>	4	2 NAME		اکیہ	du muno a. LAC JHEIN	vr i			
STREET ADDRESS					4	3 STREET	ADDRESS	an	dy Munro DI N. Rocky Point Dr., 7th Flor mpa, Fl 33607		}		
CITY-ST-ZIP					4	4 CITY-ST	-ZIP	TO	mpa, FL 33601				
TITLE				DELETE		1 TITLE				Chan	ge Addition		
NAME					5	2 NAME							
STREET ADDRESS					5	3 STREET	ADDRESS						
CITY-ST-ZIP					5	4 CITY-ST	-ZIP						
TITLE				DELETE		1 TITLE	,		Γ	Chan	ge Addition		
NAME				ا عدد ا	6	2 NAME			_				
STREET ADDRESS						3 STREET	ADDRESS						
CITY-ST-ZIP						4 CITY-ST							
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											nformation		

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

813-289-5797