

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -9 AM 10:07

DOCUMENT # P35299

(7)

1. Corporation Name

ED DANTUMA ENTERPRISES, INCORPORATED

Principal Place of Business

Mailing Address

195 WEKIVA SPRINGS RD
STE 204
LONGWOOD FL 32774
US

195 WEKIVA SPRINGS RD
STE 204
LONGWOOD FL 32779
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/29/1991

3a. Date of Last Report

05/31/1994

4. FEI Number

57-1697272

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

25 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BERMAN, NEIL, ATTORNEY AT LAW
INTERNATIONAL PLACE 38 FL
100 SE 2ND ST
MIAMI FL 33131

81 Name

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

83

84 City

FL

85

Zip 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 and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME DANTUMA, EDWARD F.
STREET ADDRESS 195 WEKIVA SPRING RD / STE 204
CITY-ST-ZIP LONGWOOD FL

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 2452 ALAQUA DR
1.4 CITY-ST-ZIP LONGWOOD FL 32779

TITLE V
NAME DANTUMA, PERSIS A.
STREET ADDRESS 195 WEKIVA SPRING RD / STE 204
CITY-ST-ZIP LONGWOOD FL

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 2452 ALAQUA DR
2.4 CITY-ST-ZIP LONGWOOD FL 32779

TITLE CD
NAME DANTUMA, DIRK
STREET ADDRESS 2138 BERKELEY AVE.
CITY-ST-ZIP ST. PAUL MN

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

TITLE D
NAME DANTUMA, JEFF
STREET ADDRESS 8437 RIVER BRANCH PL.
CITY-ST-ZIP SANFORD FL

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

TITLE D
NAME SCHANG, BRENDA
STREET ADDRESS 27550 S.W. 168TH AVE.
CITY-ST-ZIP MIAMI FL

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

TITLE D
NAME DANTUMA, DRIES
STREET ADDRESS 12338 S.W. 259TH TERR.
CITY-ST-ZIP NARANJA FL

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

14. I do hereby certify that the information supplied was voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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; that the receiver or trustee empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13. If changed, or in an attachment with our address.

SIGNATURE:

(Signature) AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(Signature) Term #