

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90055 031 ***150.00

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DOCUMENT # **P35299**

1. Corporation Name

ED DANTUMA ENTERPRISES, INCORPORATED

Principal Place of Business

195 WEKIVA SPRINGS RD
STE 204
LONGWOOD FL 32774
US

Mailing Address

195 WEKIVA SPRINGS RD
STE 204
LONGWOOD FL 32779
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/29/1991

4. FEI Number

59-1997272

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

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

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

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

TITLE **P** ☐ DELETE

NAME **DANTUMA, EDWARD F.**
STREET ADDRESS **30001 SUNSET POINT**
CITY-ST-ZIP **TAVARES FL**

TITLE **V** ☐ DELETE

NAME **DANTUMA, PERSIS A.**
STREET ADDRESS **30001 SUNSET POINT**
CITY-ST-ZIP **TAVARES FL**

TITLE **CD** ☐ DELETE

NAME **DANTUMA, DIRK**
STREET ADDRESS **59 IRVINE PARK**
CITY-ST-ZIP **ST. PAUL MN 55102**

TITLE **D** ☐ DELETE

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

TITLE **D** ☐ DELETE

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

TITLE **D** ☐ DELETE

NAME **DANTUMA, DRIES**
STREET ADDRESS **8455 RIVER BRANCH PLACE**
CITY-ST-ZIP **SANFORD FL 32771**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: **X**

SIGNATURE REQUIRED

Date

Daytime Phone #

CR2E034 (11/98)