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

DOCUMENT # P95000085189

=DANMARK-ENTERPRISES_INC

Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90072 017 ***150.00



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Principal Place of Business Mailing Address						T 30001000 310 10101 4111 40115 00151 00115 40145 18101	91103 11901 1915	D 1831 1891
8800 BARDMOOR BLVD UNIT 24 LARGO FL 34647		8800 BARDMOOR BLVD UNIT 24 LARGO FL 34647						
2.100 T2 9747						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed		
						11/02/1995	1 41	-4 5
	lace of Business	2a. Mailing Address				4. FEI Number 59-3347484		pplicable
21	#	Suite, Apt. #, etc.				9	8.75 Add	
Suite, Apt.	#, etc.	27				5. Certificate of Status Desired	Fee Requ	
City & State	e .	City & State				6. Election Campaign Financing	\$5.00 ма	ay Be
23		28				Trust Fund Contribution	Added to F	ees
Žίρ	Country	Zip	Co	untry		8. This corporation owes the current year Intangi		
24	25	29	30			T Cloudal F Topolity Tax.		No
Name and Address of Current Registered Agent					Nama	10. Name and Address of New Registered Age	mt	
ZABOLOTNY, STEVE				81	Name			
8800			82	Street Addi	ress (P.O. Box Number is Not Acceptable)			
	LLAS PARK FL 34666			83				
				<u>.</u>			E Zin Cou	
, ,				84	City	FL!	5 Zip Cod	
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 Storature bond or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OATE								
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered 12. OFFICERS AND DIRECTORS 13.					nt signature require	ADDITIONS/CHANGES TO OFFICERS AND D	RECTORS	S IN 12
TITLE	P	DELETI		TILE				Addition
NAME	SZWETNER, MAREK		1.21	AME				
ALCO DAMPALO OF THE ANALYSIS OF			TREET	TADDRESS	•		[]	
CITY-ST-ZIP	LARGO FL 34647		1.4 (ary-s	T-ZIP			
TITLE			E 2.1 1	TLE			Change	☐ Addition
NAME	ROBERTSON, DANUTA		2.21	NAME.				ĺ
STREET ADDRESS	8800 BARDMOOR BLVD UNIT	24	2.3 9	STREE	T ADDRESS			
CITY-ST-ZIP			СПҮ-5	ST-ZIP		Chases	[Addition	
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CITY-ST-ZIP				TTY-S	T-ZIP			
TITLE		☐ DELET	-	IIILE	-		Change	Addition
NAME .			6.2	NAME	ı			

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS