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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 616201

(0)

DUNBAR ENTERPRISES, INC.

Principal Place of Business Mailing Address

419 COMMERICAL AVE CLIFFSIDE PARK NJ 07010

2a. Mailing Address

Suite, Apt. #, etc.

419 COMMERCIAL AVE CLIFFSIDE PARK NJ 07010-1432

FILED Apr 28 1997 8:00am Secretary of State



4/21-94 201-941-8429
Date Daytone Phone #

3a. Date of Last Report

Applied For

\$8.75 Additional

Fee Required

Not Applicable

04/29/1996

3. Date Incorporated or Qualified

5. Certificate of Status Desired

04/03/1979

59-2002539

4. FEI Number

City & State 28 City & State 28 Country 29 20 Country 30 Country 8. This corporation has flable Florida Statutes 9. Name and Address of Current Registered Agent AKERLUND, KAISA 4200 SOUTH OCEAN BLVD. APT. 303 SO. PALM BCH. FL 33460 81 Name 82 Street Address (P.O. Box Number is NorAc Address of City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby agent 1 are familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE ALSA AKERLUND PTE SIGNATURE ALSA AKERLUND PTE SIGNATURE ALSA AKERLUND PTE SIGNATURE ALSA AKERLUND ALSA AKERLUND PTE SIGNATURE ALSA AKERLUND PTE SIGNATURE ALSA AKERLUND PTE SIGNATURE ALSA AKERLUND ALSA AKERLUND PTE SIGNATURE ALSA AKERLUND PTE SIGNATURE ALSA AKERLUND PTE SIGNATURE ALSA AKERLUND ALSA AKERLUND PTE SIGNATURE PTE SIGNATURE ALSA AKERLUND PTE SIGNATURE PTE SIGNATURE ALSA AKERLUND PTE SIGNATURE ALSA AK	FL 85 Zip Code The purpose of changing its registered accept the appointment as registered PATE OFFICERS AND DIRECTORS IN 12
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Signature: type-of an printed hidror of registered agent and tillority policable (NOTE Registered Agent's gnature required when reinstating)	
THE P DELETE 1.1 TITLE	Change L Addition
NAME AKERLUND, KAISA 1.2 NAME	
STREET ALORESS 4200 S OCEAN BLVD., #303	
CITY-ST-Z# S PALM BCH. FL 1.4 CITY-ST-ZIP	
RILE 2.1 TITLE	Change L. Addition
NAME 22 NAME	
STHELL ADDRESS 2.3 STREET ADDRESS	<u>.</u>
CLIA-21-216 5 2 4 CLIA-216 5 2 4 CLI	
MICE DELETE 3.1 TITLE	Change Addition
NAME 3.2 NAME	
STHEFT ADDRESS 3.3 STREET ADDRESS	•
CITY-SY-ZIP	Change Addition
	Change C. Audilion
NAME 4.2 NAME 4.3 STREET ADDRESS 4.3 STREET ADDRESS	
CITY - ST - ZIP	Change Addition
NAME 52 NAME	
STHERT ADDRESS 53 STREET ADDRESS	ļ
CITY-ST-72P 5.4 CITY-ST-72P	
THE DELETE STITLE	Change Addition
NAME 62 NAME	
STREET AUDRESS 6.3 STREET ADDRESS	ļ
6.4 CITY - ST - 7 IP	
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the sar I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, F	e legal effect as if made under cath; that