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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

1. Corporation Name

653982 **DOCUMENT #**

(9)

DANKUUKI ENHERENKOES, ING.	DAHLOUIST	ENTERPRISES,	INC.
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rincipal Place of Business	Mailing Address
1315 NORTH MILLS AVENUE	1315 NORTH MILLS AVENUE
ORLANDO FL 32803	ORLANDO FL 32803



ORLANDO F	L 32803	ORLANDO FL 32803	A CIANE					
					3. Date Incorporated or Qualified 02/01/1980	3a. Date o	of Last F 5/28/19	
2. Principal Pla	ce of Business	2a. Mailing Address			4. FEI Number			Applied For
21		26			59-1978407			Not Applicable
Suite, Apt. #		Suite, Apt. #, etc.			5. Certificate of Status Desired	[]		5 Additional Required
City & State		City & State			Election Campaign Financing Trust Fund Contribution			May Be d to Fees
Z _I p 24	Country 25	Zip 29	Country 30		8. This corporation has liability for it Florida Statutes \(\sum \) Yes		under s	199.032,
	g. Name and Address of Curre	nt Registered Agent			10. Name and Address of New R	egistered A	gent	~
			81	Name				
	UIST, GEORGE F. ORTH MILLS AVENUE		82	Street Add	lress (P.O. Box Number is Not Acceptabl	e)		· · · · · · · · · · · · · · · · · · ·
	DO FL 32803		83					
			84	City		FL	85 Z	p Code
familiar witi SIGNATURE	n, and accept the obligations of, Sec Signature, typed or printed name of registered agen	tion 607,0505, Florida Statutes.			and of directors. I hereby accept the appoint	DATE	ngistorot	agent. Fam
12.		ID DIRECTORS	13.	it aignatu a ra-toire	ADDITIONS/CHANGES TO OFF		DIRECTO	DRS IN 12
TITLE	PD	DELETE	1. 1 TITLE		125(15)(5)(5)(15)(6)(5)(5)(6)(6)(6)(6)(6)(6)(6)(6)(6)(6)(6)(6)(6)		Change	Addition
NAME	DAHLQUIST, GEORGE F. JI	R.	1.2 NAME			_	-	7
STREET ADDRESS	9 IVANHOE BLVD		1.3 STREET	ADDRESS				
CITY-ST-ZIP	ORLANOD FL		1.4 CITY - S	(ZIP)	34	2804		
TITLE	STD	☐ DELETE	2. 1 TITLE			2804 2804	Change	-Addition
NAME	DAHLQUIST, DIANE		2.2 NAME					. /
STREET ADDRESS	9 IVANHOE BLVD		2.3 STREET	ADDRESS		16		
CITY-ST-ZIP	ORLANOD FL		2.4 CITY-S	(21P)		<u> 2804 </u>		
TITLE		☐ DELETE	3. 1 TITLE			· □	Change	Addition
NAME			3 2 NAME	:				
STREET ADDRESS			33 STREET					
CITY-ST-ZIP TITLE		DELETE	3.4 CITY - S 4. 1 TITLE	T-ZIP		···	Change	Addition
NAME		OLL.CIL	4. 1 THLE			L	Change	L.J Adollion
STREET ADDRESS			4.2 NAME	ADDDESC	70000179	9 6 .1 2	,	
CITY-ST-ZIP			4.4 CITY-S		70000179 -04/26/96010	4302	ัล "	
TITLE		DELETE	5. 1 TITLE	1-417	***200.00		Change	☐ Addition
NAME		bar.	5.2 NAME	}	= = 			
STREET ADDRESS			5.3 STREET	ADDRESS				
CITY-ST-ZIP			5.4 CITY - S					
THLE		☐ DELETE	6 1 TITLE				Change	Addition
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET	ADDRESS				
CITY -ST - ZIP			6.4 CITY - S	T-ZIP				
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I do hereby cert fy that the information supplied with this firing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 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 oath; that I am an officer or director appears in Block 12 or Block 13 if

SIGNATURE:

GEORGE DAHLQUIST UST 4/23/96 407-896-2299