

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 660404 (5)

1. Corporation Name

PENT ENTERPRISES, INC.



Principal Place of Business

1020 NE 28TH AVENUE
POMPANO BEACH FL 33062

Mailing Address

1020 NE 28TH AVENUE
POMPANO BEACH FL 33062

2. Principal Place of Business

21 1315 SW 1ST COURT
State, Apt. #, etc.

22 City & State
23 POMPANO BEACH, FL

24 Zip
33069

2a. Mailing Address

26 1315 SW 1ST COURT
State, Apt. #, etc.

27 City & State
28 POMPANO BEACH, FL

29 Zip
33069

9. Name and Address of Current Registered Agent

ROTH, RICHARD H.
1500 EAST ATLANTIC BLVD.
POMPANO BEACH FL 33060

3. Date Incorporated or Qualified
03/25/1980

3a. Date of Last Report
04/07/1995

4. FET Number
59-2094064

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 has liability for intangible tax under s. 190.032,
Florida Statutes

Yes No

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 607.0509 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 607.0605, Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of Agent Submitting Report

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
PD
PENTTINEN, DALE V.
1020 NE 28TH AVENUE
POMPANO BEACH FL

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
DELETE

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP
5. TITLE
6. NAME
7. STREET ADDRESS
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93. TITLE
94. NAME
95. STREET ADDRESS
96. CITY-STATE-ZIP
97. TITLE
98. NAME
99. STREET ADDRESS
100. CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing 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 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 a attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DALE PENTTINEN 4-1-96 954-946-7634

CR2E034 (12/95)