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 Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90168 003 ***150.00

DOCUMENT # 660404

1. Corporation Name

PENT EI	NTERPRISES, INC.					{			9 1 6 1 1 1 1 1 1 1 1	
Principal Plac	e of Business	Mailing Address				$\neg \neg$	3 INDELO BULLO DELLA MALLE DI DEL COL	IS MINI DINI NI	DIE ASBES BIAS	
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POMPANO BEACH FL 33069 POMPANO BEACH FL 33069						- 1	_			
us us							DO NOT WRITE IN THIS SPACE			
						- 1	3. Date Incorporated or Qualifed			{
							03/25/1980			
2. Principal Place of Business 2a. Mailing Address							4. FEI Number			Applied For
21 26 Suite Ast # ste							59-2094064			lot Applicable
¬ '''			, Apt. #, etc.				5. Certifcate of Status Desired		₹0.73	Additional Required
City & Star	do .	City & State	City & State				a Floria Compaign Financias			May Be
一	i.e	├ ──	¬ '				6. Election Campaign Financing Trust Fund Contribution		•	to Fees
Zip	Country		Zip Country			$\overline{}$	8. This corporation owes the curre	nt year Inta		10,000
¬ '	25	29	30	,		ł	Personal Property Tax.	in year mia	Yes	XNo
24	9. Name and Address of Curren			_			10. Name and Address of New R	egistered A		
	3. Hama sila / tadioo			81	Name			.×		
PENTTINEN, DALE V.										
1020 NE 28TH AVENUE				82	Street A	ddress	s (P.O. Box Number is Not Accepta	DIe)		
POM	IPANO BEACH FL 33062			83						
									-, -, -	
				84	City			FL	85 Zip	Code
SIGNATURE	Signature, typed or printed name of registered agen		OTE: Registered	I Agen	t signature req	quired wh		DATE		
12.	OFFICERS AN		13.				ADDITIONS/CHANGES TO OFF	ICERS ANI	D DIRECT ☐ Change	
TITLE	PD DATE OF THE PARTY OF THE PAR	1		1 TITLE						LIAGGEOR
NAME	PENTTINEN, DALE V.		1.2 N/		<u>.</u>					
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14. 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: