

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

Amended Annual Report

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED

96 DEC -3 PM 3:18

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **F51928**
1. Corporation Name

DANTZLER LUMBER & EXPORT COMPANY

Principal Place of Business Mailing Address **Same**
8000 Govenors Square Blvd.
Suite 410
Miami Lakes, FL 33016

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country

3. Date Incorporated or Qualified **10/30/81** 3a. Date of Last Report **1/ / 96**
4. FEI Number **59-021-3620** 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. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FOTOPULOS, THOMAS E.
315 EAST MADISON STREET
TENTH FLOOR, SUN BANK BLDG
TAMPA, FL 33602

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 607.0502 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP
P **GODINEZ, ANTONIO D.**
121 CAPE FLORIDA DRIVE
KEY BISCAYNE, FL 33149
VP **GODINEZ, BONNIE**
121 CAPE FLORIDA DRIVE
KEY BISCAYNE, FL 33149
S **POTTER, VAUGHN**
9360 FONTAINEBLEAU BLVD., #105
MIAMI, FL 33172
TAS **COLEY, DENISE B.**
3600 HIGH PINE DR.
CORAL SPRINGS, FL 33065
VP **NOBLE, MIKE**
BOISEWAY
COOPER CITY, FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
300002020323--5
-12/05/96--01008--008
*******61.25 *****61.25**
AS FERNANDEZ, LUIS J.
P.O. BOX 362108, N/A
SAN JUAN, PUERTO RICO 00936-2108

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Denise B. Coley**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-30-96 **305-828-9666**
Date Daytime Phone #

CR2E034 (3/96)

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

96 AIR
 APPLICATION FOR
 REINSTATEMENT



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

APPROVED
 AND
 FILED

pg. 1 of 2

96 DEC -3 AM 11:27

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P930000 59128

1. Corporation Name

LAWRENCE A. CAPLAN, P. A.

Principal Place of Business

Mailing Address

2424 N. FEDERAL HWY., SUITE 257
 BOCA RATON, FL 33431

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
 To Do Business in Florida

8/24/96

5. FEI Number

59-3222576

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
 for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PRES.	LAWRENCE A. CAPLAN	2424 N. FEDERAL HWY. SUITE 257	BOCA RATON, FL 33431
			900002020318---7 -12/05/96--01008--004 ***200.00 ***200.00

8. Name and Address of Current Registered Agent

LAWRENCE A. CAPLAN, ESQ.
 2424 N. FEDERAL HWY.
 SUITE 257
 BOCA RATON, FL 33431

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
 Registered Agent

[Signature]
 REGISTERED AGENT MUST SIGN

Date 12/2/96

11. Does this corporation pay any intangible tax to the
 Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
 on intangible tax.)

12. 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 release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 LAWRENCE A. CAPLAN

12/2/96
 Date

561-750-3974
 Daytime Phone #

CPRE040 (12/95)