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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **F98245**

DINOLF	O ENTERPRISES, INC.							
Principal Plac	ce of Business	Mailing Address				- * * * * * * * * * * * * * * * * * * *	anem arani aram a	ini nini inki
1193 ROYAL PALM BEACH BLVD ROYAL PALM BEACH FL 33411 ROYAL PALM BEACH FL 33411						DO NOT WRITE IN THI	e edace	
						3. Date Incorporated or Qualifed	O OFFICE	
					-	09/03/1982		
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	Ap	plied For
21 26						59-2275348		Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						_	\$8.75 A	dditional
22						5. Certificate of Status Desired	Fee Re	quired
City & State City & State						6. Election Campaign Financing	\$5.00	May Be
23 28						Trust Fund Contribution	Added to	o Fees
Zip Country Zip				try		8. This corporation owes the current year In		_
24	25	29	30			Personal Property Tax.	Yes	□No
	9. Name and Address of Curr	ent Registered Agent				10. Name and Address of New Registered	d Agent	
EDO.	NOT DONALD W		{	B1	Name	,		
FROST, RONALD W 2854 FLORAL RD LANTANA FL 33462			1	82 Street Addre		ss (P.O. Box Number is Not Acceptable) .		
LAIN	HANA FL 33402		1	В3		•		
			la la	84	City		85 Zip C	Code
						<u> </u>	- , ,	
office or i	t to the provisions of Sections 607.0 registered agent, or both, in the Sta am familiar with, and accept the obli	te of Florida. Such change was au	ithorized i	by th	named corpor e corporation	ration submits this statement for the purpose of second of directors. I hereby accept the appointment of the purpose of the second of the seco	ointment as rec	gistered
	·	gations of, Dection our topos, Flori	ida Otatot					
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable. (NOTE:	Registered A	gent s	ignature required v	when reinstating) DATE		
12.	OFFICERS A	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	
TITLE	P	☐ DELETE	1.1 TITL	E			☐ Change	Addition
NAME	DINOLFO, CONNIE L		1.2 NAM	4E				
STREET ADDRESS	11545 SANDERLING DRIVE		1.3 STR	EET A	DDRESS			
CITY-ST-ZIP	W. PALM BEACH FL		1.4 CITY	/-ST-Z	ZIP			
TITLE		☐ DELETE	2.1 TITL	E			Change	Addition
NAME	1		2.2 NAM	Æ	'	•		{
STREET ADDRESS			2.3 STR	EET AL	DDRESS	•		ł
CITY-ST-ZIP			2.4 CIT	Y-ST-	ZIP			<u> </u>
TITLE		☐ DELETE	3.1 TITL	E			Change	☐ Addition
NAME			3.2 NAM	Æ		S		
STREET ADDRESS	3		3.3 STR	EETA	DDRESS			ĺ
CITY-ST-ZIP			3.4. CIT		ZIP			
TITLE -		☐ DELETE	4.1 TITL	E			☐ Change	Addition
NAME			4. 2 NA	ME			`	
STREET ADDRESS	3		4.3 STR	EET A	DDRESS			
CITY-ST-ZIP			4.4 CiTy		ZiP	<u> </u>		T Addison
TITLE		☐ DELETE	5.1 TITL				Change	_
NAME			5.2 NAM		000500		्रिक्ट प्रीप	
STREET ADDRESS	3				DDRESS	TEAT STORY THAT STORY TO START STORY		` '
CITY-ST-ZIP		□ acter	5.4 CITY 6.1 TITL		UP		☐ Change	Addition
TITLE		☐ DELETE	6.1 IIIL				□ change	☐ Addition
NAME	}		U.Z NAM		- 1			1
CTDEET ADDDECC			goerro		nneess	•		ĺ
STREET ADDRESS CITY-ST-ZIP	8		6.3 STR	EET A	DDRESS			}

14. I 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 attagment with an appress, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

DINOLFO