

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **H35889** (5)

1. Corporation Name

ARDAN ENTERPRISES, INC.



Principal Place of Business

% ARDIE PELLICER
10030 ORANGE RIVER BLVD.
FT. MYERS FL 33905

Mailing Address

% ARDIE PELLICER
10030 ORANGE RIVER BLVD.
FT. MYERS FL 33905

3. Date Incorporated or Qualified

01/01/1985

3a. Date of Last Report

09/25/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-2476513

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

10. Name and Address of New Registered Agent

PELLICER, ARDIE
10030 ORANGE RIVER BLVD.
FT. MYERS FL 33905

81

Name

DANIEL B. PELLICER

82

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

10010 ORANGE RIVER BLVD.

83

84

City

FT. MYERS

FL

85 Zip Code

33905

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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

Daniel B. Pellicer
Signature, typed or printed name of registered agent and state of approval

(NOTE: Registered Agent signature required when filing change)

DATE

4-1-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	DELETE
NAME	PELLICER, ARDIE	
STREET ADDRESS	10030 ORANGE RIVER BLVD.	
CITY-ST-ZIP	FT. MYERS FL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1. TITLE	P	Change	Addition
2. NAME	Pellicer, Daniel B		
3. STREET ADDRESS	10010 Orange River Blvd.		
4. CITY-ST-ZIP	FT. MYERS, FL 33905		
5. TITLE		Change	Addition
6. NAME			
7. STREET ADDRESS			
8. CITY-ST-ZIP			
9. TITLE		Change	Addition
10. NAME			
11. STREET ADDRESS			
12. CITY-ST-ZIP			
13. TITLE		Change	Addition
14. NAME			
15. STREET ADDRESS			
16. CITY-ST-ZIP			
17. TITLE		Change	Addition
18. NAME			
19. STREET ADDRESS			
20. CITY-ST-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 an attachment with an address.

SIGNATURE: *Daniel B. Pellicer*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-96 **941-674-3193**
DATE DAYTIME PHONE #

CR2E034 (12/95)