## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J97172

(7)

**DENTZER ENTERPRISES, INC.** 

**FILED** May 01 1997 8:00am Secretary of State

Principal Place of Business Mailing Address								
			.D					
SUNRISE FL		3181 N. UNIVERSITY D SUNRISE FL 33351-671 US						
		<b>00</b>				3. Date Incorporated or Qualified 10/08/1987	3a. Date of La	
2. Principal F 21 Suite Ant	Place of Business	2s. Mailing Address	Mailing Address		4. FEI Number 65-0008356		Applied For Not Applicable	
Suite, Apt.	Suite, Apt. #, etc. Suite. Apt. #, etc.						- \$8	75 Additional
27					5. Certificate of Status Desired	Fe	e Required	
23	, <b>0</b>	28	City & State			6. Election Campaign Financing Trust Fund Contribution		.00 May Be ded to Fees
l Zip	Country	7 <sub>p</sub>	Country			·····		
24	25	29	30	,		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		
	9. Name and Address of Curren	t Registered Agent		ľ		10. Name and Address of New Reg		
DEI	NTZER, LUCILLE D.			81	Name			
318	1 N UNIVERSITY DRIVE			82	Stroot Add	ress (P.O. Box Number is Not Acceptable	2	
SUI	NRISE FL <del>83322</del> ~			02	Street Add	ress (r.o. box ridiniber is not Acceptable	(د	
	3335 /			83				
				84	City		FL 85	Zip Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Sta	tulos, the at	hove	-named cor	poration submits this statement for the pu	rpose of chang	ng its registered
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 it, plicable (NOT). Bug started Agent signature required when reinstating)  DATE								
12.	OFFICERS AND		13.	a wge:	is signaruse requ	ADDITIONS/CHANGES TO OFFICE	DATE DE AND DIDEC	TOPS IN 12
TITLE	PS	DELETE	1.1 10	 TLF	— Т	ADDITIONS/ONAINGED TO OFFICE	Cha	
NAME	DENTZER, LUCILLE D.		1.2 N/					
STREET ADDRESS	3181 N UNIVERSITY DRIVE	NEDGITY DDIVE			ADDRESS			9
CITY-ST-ZIP	SUNRISE FL 3335/	/	14 Ci		į			
TITLE	DELETE 211					Cha	nge Addition	
NAME	DENTZER, JOSEPH M.		2 2 NAME					
STREET ADDRESS	3181 N UNIVERSITY DRIVE		2.3 STREET ADDRESS		ADDRESS			
CITY-ST-ZIP	SUNRISE FL 3335	1	2.40	ITY-S	1 · ZIP			
t≀tL€		☐ DELETÉ	3.1 7/7	TLF			Cha	nge Addition
NAME			3.2 NA	3MA				
STREET ADDRESS			3.3 \$1	REE1,	ADDRESS			
CITY-ST-ZIP			3.4. CI		I - ZIP			
TITLE		☐ DECETE	4.1 111	TLE			L Cha	nge 🔲 Addition
NÀME			4.2 N	AME				
STREET ADDRESS			4.3 \$1	REE1 /	ADDRESS			
CITY-ST-ZIP		Dritte	4.4 CI		- ZIF			
TITLE		DELETE	5.1 711				L] Cha	nge
NAME OTOSST ABOUSED			5.2 NA					
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP TITLE		DELETE	5 4 CI		- ZIF'		TT 0-	200
NAME		□ DECETE	61717				L Cha	nge L Addition
STREET ADDRESS			6.2 NA					
					ADDRESS			
CITY-ST-ZIP	by certify that the information supplied	with this filing does not ou	alify for the			d in Section 119.07(3)(i). Florida Statutos	Hurther cortify	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 eath; that I am an officer or director of the exportation 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 31 chapted, grown an attachment with an address.