

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
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90059 044 ***158.75

0312730

DOCUMENT # J97172

1. Corporation Name
DENTZER ENTERPRISES, INC.

Principal Place of Business
3181 N. UNIVERSITY DR.
SUNRISE FL 33351
US

Mailing Address
3181 N. UNIVERSITY DR.
SUNRISE FL 33351
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/08/1987

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

4. FEI Number

65-0008356

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DENTZER, LUCILLE D.
3181 N UNIVERSITY DRIVE
SUNRISE FL 33351

81 Name

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

1561 S.W. 23 AVENUE

83

84 City

FT. LAUD.

FL

85 Zip Code

33312

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PS
NAME DENTZER, LUCILLE D.
STREET ADDRESS 3181 N UNIVERSITY DRIVE
CITY-ST-ZIP SUNRISE FL 33351

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 1561 S.W. 23 AVENUE
1.4 CITY-ST-ZIP FT. LAUD, FL 33312

TITLE V
NAME DENTZER, JOSEPH M.
STREET ADDRESS 3181 N UNIVERSITY DRIVE
CITY-ST-ZIP SUNRISE FL 33351

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 1561 S.W. 23 AVENUE
2.4 CITY-ST-ZIP FT LAUD., FL 33312

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 attachment with an address, with all other like empowered.

SIGNATURE:

LUCILLE D. DENTZER

4-27-99 954-741-7399

Date

Daytime Phone #

CR2E034 (11/98)