

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K24053**

(6)

1. Corporation Name

LINDENTREE ENTERPRISES, INC.



Principal Place of Business

% JACK LEVINE, CPA
16855 N.E. 2ND AVE. #303
N MIAMI BEACH FL 33162
US

Mailing Address

% JACK LEVINE, CPA
16855 N.E. 2ND AVE. #303
N MIAMI BEACH FL 33162
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

23 Zip

27. City & State

28 Zip

Country

29 Zip

Country

24 Zip

30 Zip

9. Name and Address of Current Registered Agent

**LINDEN, ALBERT
5802 NW 86TH TERR
TAMARAC FL 33321**

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/or Registered Office

NOTE: Registered Agent Signature required when re-listing

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

TITLE

D

DELETE

11 TITLE

NAME

LINDEN, ALBERT

12 NAME

STREET ADDRESS

5802 NW 86TH TERR

13 STREET ADDRESS

CITY-ST-ZIP

TAMARAC FL

14 CITY-ST-ZIP

TITLE

D

DELETE

21 TITLE

NAME

LINDEN, DONNA

22 NAME

STREET ADDRESS

5802 NW 86TH TERR

23 STREET ADDRESS

CITY-ST-ZIP

TAMARAC FL

24 CITY-ST-ZIP

TITLE

DELETE

31 TITLE

NAME

32 NAME

STREET ADDRESS

33 STREET ADDRESS

CITY-ST-ZIP

34 CITY-ST-ZIP

TITLE

DELETE

41 TITLE

NAME

42 NAME

STREET ADDRESS

43 STREET ADDRESS

CITY-ST-ZIP

44 CITY-ST-ZIP

TITLE

DELETE

51 TITLE

NAME

52 NAME

STREET ADDRESS

53 STREET ADDRESS

CITY-ST-ZIP

54 CITY-ST-ZIP

TITLE

DELETE

61 TITLE

NAME

62 NAME

STREET ADDRESS

63 STREET ADDRESS

CITY-ST-ZIP

64 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: *Albert Linden* Pres. ALBERT LINDEN 12APR96 1-305-651-0400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

CR2E034 (12/95)