

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

FILED
Mar 13 1997 8:00am
Secretary of State

DOCUMENT # K24053

(6)

Corporation Name
INDENTREE ENTERPRISES, INC.



Principal Place of Business

LEVINE, CPA
1 E. 2ND AVE. #303
MIAMI BEACH FL 33162

Mailing Address

% JACK LEVINE, CPA
16855 N.E. 2ND AVE. #303
N MIAMI BEACH FL 33162-1782
US

3. Date Incorporated or Qualified
05/13/1988

3a. Date of Last Report
04/23/1996

4. FEI Number
65-0052942

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

10. Name and Address of New Registered Agent

Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Country

Zip

Country

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

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's signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME
D LINDEN, ALBERT
STREET ADDRESS
5802 NW 86TH TERR
CITY-STATE-ZIP
TAMARAC FL

2. NAME
D LINDEN, DONNA
STREET ADDRESS
5802 NW 86TH TERR
CITY-STATE-ZIP
TAMARAC FL

3. NAME
DELETED

4. NAME
DELETED

5. NAME
DELETED

6. NAME
DELETED

1.1 TITLE
D LINDEN, ALBERT
1.2 NAME
C/O JACK LEVINE, CPA
1.3 STREET ADDRESS
16855 N.E. 2nd Ave. #303, N. MIAMI BCH, FL 33162
1.4 CITY-STATE-ZIP

2.1 TITLE
D LINDEN, DONNA
2.2 NAME
C/O JACK LEVINE, CPA
2.3 STREET ADDRESS
16855 N.E. 2nd Ave. #303, N. MIAMI BCH, FL 33162
2.4 CITY-STATE-ZIP

3.1 TITLE
DELETED

4.1 TITLE
DELETED

5.1 TITLE
DELETED

6.1 TITLE
DELETED

I do 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.

SIGNATURE

ALBERT LINDEN 14/1/97 305-651-0100

CR2E034 (9/96)