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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K81605 1. Corporation Name DENDI ENTERPRISES, INC. Principal Place of Business Mailing Address											
02 autumn Chase Dr /Enice Fl 34282			VE	402 AUTUMN CHASE OR VENICE FL 34282-3178							
\$			US	5				3. Date incorporated or Qualifie 04/19/1989		ate of Last R 01/1996	eport
	race of Busin	iess)	. Mailing Add	dress		·	4. FEI Number	1 00,		plied For
Suite, Apt. #, etc. City & State			26	Suite, Apt. #, etc. 27 City & State			······································	65-0118176 5. Certificate of Status Desired □		Not Applicable \$8.75 Additional	
			27							Fee Required	
								6. Election Campaign Financing		\$5.00 May Be	
7 _I p		Country	28	Zip		Cour	ntro.	Trust Fund Contribution	<u> </u>	Added	
] Zip	l	25	29	Z.(D 		30	ııry	 This corporation has liability f Florida Statutes 	or intangible		. 199.032,
L.,		and Address of Cu		stered Agent	t			10. Name and Address of New			
	GE, WILLIA						81 Name				
3350 E ATLANTIC BLVD POMPANO BEACH FL 33082						ļ	82 Street Add	dress (P.O. Box Number is Not Accep	table)		
PUN	IPANU BEA	CH FL 33062				}	83		·	·····	
						- 1			<u>.</u>	lant a	0-4
					ſ	84 City		FL	85 Zip	Code	
I. Pursuant office or i	to the provis	ions of Sections 607 ent, or both, in the 5	' 0502 and (State of Flor	607.1508, Flo ida Such cha	orida Statut ange was a	es, the at	pove-named cor l by the corpora	rporation submits this statement for thation's board of directors, I hereby ac		r changing i	ts registered registered
IGNATURE		or printed name of register	ed agent and life	le if applicable		E Registered		rporation submits this statement for the station's board of directors. I hereby accurred when reinstating)	e purpose o cept the app		
ignature R	Signature, typed	or printed name of register		le if applicable			Agent signature requ		e purpose o cept the app		IS IN 12
GNATURE LE	PTDV PUSKARK	or printed name of register OFFICERS C, DENNIS M.	ed agent and life	le if applicable	(NOT	E Registered	Agent signature requ	uired when reinstating)	e purpose o cept the app	DIRECTOR	IS IN 12
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SIGNATURE

HONATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BENNIS M. PUSKARIC 4/25/97

/25/97 941-497-780 Dayline Phone *

FILED

May 05 1997 8:00am

Secretary of State

Prione #