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**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # K81605 1. Corporation Name

**DENDI ENTERPRISES, INC.** 

## Apr 16, 1999 8:00 am Secretary of State

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402 AUTUMNY			Mailing Address 402 AUTUMN CHASE DR	R					
/ENICE FL 342	292		VENICE EL 34292			DO NOT WE	RITE IN THIS	SPACE	
US US						DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed 04/19/1989			
2 Principal B	Place of Business		2a. Mailing Address			4. FEI Number		TIA	pplied For
¬ - ∧ #i -	AAA INA	LANE	26 1030 CORA	LINA	LAND	65-0118176			ot Applicable
1 1030 Suite, Apt.	#, etc.	44,40	Suite, Apt. #, etc.	<del></del>	<u></u>		- T	\$8.75	Additional
2	,		27			5. Certifcate of Status Desired			equired
21: 2 2:	RAY BEAC	U , FL.	City & State DELRAY	BEAC	W.FL			Added	May Be to Fees
Zip 3L	197 —	USA	33483	Coun	175A	This corporation owes the cu     Personal Property Tax.	rrent year Int	angible □Yes	™No
4 3 29	25		Pagistared Agent	30	<u>, , , , , , , , , , , , , , , , , , , </u>	10. Name and Address of New	Registered		
	9. Name and Ad	uless of Current	Registered Agent		81 Name	14. THE REST PROPERTY OF LEGISLE	g-3-5		
PUS	SKARIC, DENNIS M	1							
	AUTUMN CHASE				82 Street Add	dress (P.O. Box Number is Not Accep	(P.O. Box Number is Not Acceptable)		
	IICE FL 34292			-	83				
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					84 City		FL	85 Zip	Code
						poration submits this statement for th		changing if	e registered
agent. ra	am tamiliar ani, jano	accept the obligati	000 01. 000101 007.00007	rionua Statu	ies.	tion's board of directors. I hereby acc			
	- W. X. Z	Marie			tes. Agent signature requir	red when reinstating)	DATE		
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SIGNATURE	Synature, typeder printern	name of registered agent OFFICERS AND	and attential application (NCD) DIRECTORS	TE: Registered A	Agent signature requir	red when reinstating)	DATE		ORS IN 12
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SIGNATURE  12.  TITLE  NAME	PTDV PACE PUSKARIC, DEN 402 AUTUMN C	name of registered agent OFFICERS AND STATE OF THE AND NIS M.	amente if applicable. (NO D DIRECTORS  S. DELETE  B. COMPLINA (AM	13. 1.1 TTTL 1.2 NAA 1.3 STE	Agent signature requir  LE  ME  REET ADDRESS	red when reinstating)	DATE	ND DIRECT	ORS IN 12
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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 addyss, with all other like empowered.

561-276-8005