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Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90157 046 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01423

1. Corporation Name

DANDY ENTERPRISES, LTD., INCORPORATED

Principal Place of Business

1342 COLONIAL BLVD..
UNIT 18B. BLDG C.
FORT MYERS FL 33907

Mailing Address

1342 COLONIAL BLVD..
UNIT 18B. BLDG C.
FORT MYERS FL 33907

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/29/1984

4. FEI Number

13-3196180

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 **4252 CLEVELAND AVE.,**

26 **4252 CLEVELAND AVE.,**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 **FORT MYERS, FLORIDA**

Zip

Country

24 **33901**

25 **USA**

City & State

28 **FORT MYERS, FLORIDA**

Zip

Country

29 **33901**

30 **USA**

9. Name and Address of Current Registered Agent

UTTAMCHANDANI, VIJAY P.
1901 CLIFFORD STREET APT 701
FORT MYERS FL 33901

10. Name and Address of New Registered Agent

81 Name **UTTAMCHANDANI VIJAY P.**

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

4252 CLEVELAND AVENUE

83

84 City **FORT MYERS**

FL

85 Zip Code

33901

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 **UTTAMCHANDANI VIJAY P. VICE-PRESIDENT** **03/05/99**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE
NAME **KUNDAN, H.S.**
STREET ADDRESS **52 LEBANON STREET**
CITY-ST-ZIP **IBADAN, NIGERIA**

TITLE **V** ☐ DELETE
NAME **UTTAMCHANDANI, VIJAY P.**
STREET ADDRESS **1901 CLIFFORD STREET APT 701**
CITY-ST-ZIP **FT MYERS FL 33901**

TITLE **TT** ☒ DELETE
NAME **SINGHANI, MUKESH**
STREET ADDRESS **41-40 UNION STREET**
CITY-ST-ZIP **FLUSHING NY**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

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

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

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

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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: **UTTAMCHANDANI VIJAY P.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03/05/99 **(941) 278-0009**

CR2E034 (11/98)