

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**Feb 12 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # P35299 (7)
1. Corporation Name
ED DANTUMA ENTERPRISES, INCORPORATED



Principal Place of Business 185 WEKIVA SPRINGS RD STE 204 LONGWOOD FL 32774 US	Mailing Address 185 WEKIVA SPRINGS RD STE 204 LONGWOOD FL 32779-3696 US
--	---

3. Date Incorporated or Qualified 08/29/1991	3a. Date of Last Report 04/04/1996
4. FEI Number 59-1997272	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**BERMAN, NEIL, ATTORNEY AT LAW
INTERNATIONAL PLACE 38 FL
100 SE 2ND ST
MIAMI FL 33131**

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS	
TITLE P	<input type="checkbox"/> DELETE
NAME DANTUMA, EDWARD F.	
STREET ADDRESS 2452 ALAQUA DR	
CITY-ST-ZIP LONGWOOD FL	
TITLE V	<input type="checkbox"/> DELETE
NAME DANTUMA, PERSIS A.	
STREET ADDRESS 2452 ALAQUA DR.	
CITY-ST-ZIP LONGWOOD FL	
TITLE CD	<input type="checkbox"/> DELETE
NAME DANTUMA, DIRK	
STREET ADDRESS 2138 BERKELEY AVE.	
CITY-ST-ZIP ST. PAUL MN	
TITLE D	<input type="checkbox"/> DELETE
NAME DANTUMA, JEFF	
STREET ADDRESS 8437 RIVER BRANCH PL.	
CITY-ST-ZIP SANFORD FL	
TITLE D	<input type="checkbox"/> DELETE
NAME SCHANG, BRENDA	
STREET ADDRESS 27550 S.W. 168TH AVE.	
CITY-ST-ZIP MIAMI FL	
TITLE D	<input type="checkbox"/> DELETE
NAME DANTUMA, DRIES	
STREET ADDRESS 12336 S.W. 259TH TERR.	
CITY-ST-ZIP NARANJA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	30001 SUNSET POINT
1.4 CITY-ST-ZIP	TAVARES, FL 32778
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	30001 SUNSET POINT
2.4 CITY-ST-ZIP	TAVARES, FL 32778
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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:  **BRENDA SCHANG** Date: **2-6-97** Daytime Phone: **305-470-3458**

CFR2E034 (9/96)