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Apr 09, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P93000010162

1. Corporation Name

NORDINGER ENTERPRISES CORPORATION

Principal Place of Business
6768 PEMBROKE RD.
PEMBROKE PINES FL 33023

Mailing Address
6768 PEMBROKE RD.
PEMBROKE PINES FL 33023

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/03/1993

4. FEI Number

65-0388202

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

21 8480 STATE ROAD 84
Suite, Apt. #, etc.

22

23 FT. LAUDERDALE, FL
City & State

24 33324 Zip Country
25 USA

2a. Mailing Address

26 8480 STATE ROAD 84
Suite, Apt. #, etc.

27

28 FT. LAUDERDALE, FL
City & State

29 33324 Zip Country
30 USA

9. Name and Address of Current Registered Agent

JOHN NORDINGER
6768 PEMBROKE ROAD
PEMBROKE PINES FL 33023

10. Name and Address of New Registered Agent

81 Name JOHN NORDINGER
82 Street Address (P.O. Box Number is Not Acceptable)
8480 STATE ROAD 84
83
84 City FT. LAUDERDALE FL 85 Zip Code 33324

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

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 NORDINGER, JOHN
STREET ADDRESS 6768 PEMBROKE RD.
CITY-ST-ZIP PEMBROKE PINES FL 33023

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 NORDINGER, JOHN ☒ Change ☐ Addition
1.2 NAME 8480 STATE ROAD 84
1.3 STREET ADDRESS FT. LAUDERDALE FL 33324
1.4 CITY-ST-ZIP

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

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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-6-99 (954) 382-1200

CR2E034 (1/1/98)

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