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Apr 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000018869 (5)**

1. Corporation Name
DUTCHMARKS ENTERPRISES, INC.

Principal Place of Business	Mailing Address
767 KIRKMAN RD ORLANDO FL 32811	767 KIRKMAN RD ORLANDO FL 32811

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/07/1994

2. Principal Place of Business	2a. Mailing Address
21 2457-A S. Hiawassee Rd	26 2457-A S. Hiawassee Rd
Suite, Apt. #, etc. 22 # 325	Suite, Apt. #, etc. 27 # 325
City & State 23 Orlando FL	City & State 28 Orlando FL
Zip / Country 24 32835 / 25 USA	Zip / Country 29 32835 / 30 USA

4. FEI Number: 59-3229811 ☐ 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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SCHNEIDER, MARK 767 KIRKMAN RD ORLANDO FL 32811	81 Name: Mark Schneider 82 Street Address (P.O. Box Number is Not Acceptable): 2457-A S. Hiawassee Rd #325 83 84 City: Orlando FL 85 Zip Code: 32835

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP SCHNEIDER, MARK 767 KIRKMAN RD ORLANDO FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☒ Change ☐ Addition 2457-A S. Hiawassee Rd #325 Orlando FL 32835
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST DAULTON, DARREN 767 KIRKMAN RD ORLANDO FL	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/97)

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.

SIGNATURE: Mark R. Schneider 4/5/98 407-654-5232