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FILED
Apr 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000072522 (2)

1. Corporation Name

ETTINGER ENTERPRISES, INC.

Principal Place of Business

939 BARNETT DRIVE
LAKE WORTH FL 33461
US

Mailing Address

P O BOX 540824
LAKE WORTH FL 33454-0824
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 1230 WINGFIELD ST.

Suite, Apt. #, etc.

22 City & State

23 LAKE WORTH, FL

Zip

24 33460

Country

25 USA

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29

Country

30

3. Date Incorporated or Qualified

09/18/1995

4. FEI Number

65-0625588

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

MCCRACKEN, JOHN B
505 SOUTH FLAGLER STREET
SUITE 1100
WEST PALM BEACH FL 33401-3475

10. Name and Address of New Registered Agent

81 Name

HAROLD ETtinger

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

1230 WINGFIELD STREET

83

84 City

LAKE WORTH,

FL

85 Zip Code

33460

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

Harold Ettinger

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/13/98

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME ETtinger, HAROLD
STREET ADDRESS 5254 CHELAN COVE
CITY-ST-ZIP LAKE WORTH FL

TITLE V ☐ DELETE

NAME ETtinger, SETH D
STREET ADDRESS 5254 CHELAN COVE
CITY-ST-ZIP LAKE WORTH FL

TITLE TS ☐ DELETE

NAME ETtinger, DOREEN
STREET ADDRESS 5254 CHELAN COVE
CITY-ST-ZIP LAKE WORTH FL

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 ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

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.

SIGNATURE

Harold Ettinger

4/13/98

CR2034 (10/97)