

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 24, 1999 8:00 am
Secretary of State

05-24-1999 90026 020 ***150.00

DOCUMENT # P95000072522

1. Corporation Name

ETTINGER ENTERPRISES, INC.

Principal Place of Business

1230 Wingfield St.
Lake Worth, FL 33460

Mailing Address

P. O. Box 540824
Lake Worth, FL 33454-0824

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/18/95

4. FEI Number

65-0625588

Applied For
Not Applied

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 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 5600 Poinsettia Ave.

Suite, Apt. #, etc.

27 Apt. 2107

City & State

28 West Palm Beach, FL

Zip Country

29 33407 30 USA

9. Name and Address of Current Registered Agent

Harold Ettinger
1230 Wingfield St.
Lake Worth, FL 33460

10. Name and Address of New Registered Agent

81 Harold Ettinger

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

5600 Poinsettia Avenue

83 Apt. 2107

84 City
West Palm Beach, FL

85 Zip Code
33407

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.

(Not for Registered Agent signature required when reinstating)

DATE

5/21/99

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME ETTINGER, HAROLD
STREET ADDRESS 5254 CHELAN COVE
CITY-ST-ZIP LAKE WORTH, FL 33467

TITLE V ☐ DELETE
NAME ETTINGER, SETH D.
STREET ADDRESS 5254 CHELAN COVE
CITY-ST-ZIP LAKE WORTH, FL 33467

TITLE TS ☐ DELETE
NAME ETTINGER, DOREEN
STREET ADDRESS 5254 CHELAN COVE
CITY-ST-ZIP LAKE WORTH, FL 33467

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 1

1.1 TITLE ☒ Change ☐ Add

1.2 NAME

1.3 STREET ADDRESS 5600 POINSETTIA AVE., APT. 2107

1.4 CITY-ST-ZIP WEST PALM BEACH, FL 33407

2.1 TITLE ☒ Change ☐ Add

2.2 NAME

2.3 STREET ADDRESS 5600 POINSETTIA AVE., APT. 2107

2.4 CITY-ST-ZIP WEST PALM BEACH, FL 33407

3.1 TITLE ☒ Change ☐ Add

3.2 NAME

3.3 STREET ADDRESS 5600 POINSETTIA AVE., APT. 2107

3.4 CITY-ST-ZIP WEST PALM BEACH, FL 33407

4.1 TITLE ☐ Change ☐ Add

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Add

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Add

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: *Doreen A. Ettinger*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DOREEN A. ETTINGER, T/S

5/21/99

Date

561/714-4158

Daytime Phone #