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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 27, 1999 8:00 am Secretary of State

02-27-1999 90037 029 ***150.00

DOCUMENT #	P95000093228
DOCUMENT #	ヒタコレルリソランノス

1. Corporation Name DANIEL ENTERRICE

DANION	ENTENENISES, INC.							
Principal Place	e of Business	Mailing Address				- I INDIANGUE EIN INDIAL BIEIL NAUEL MARIE MARIE ANDER		
3951 STERLING ROAD 3951 STERLING ROAD								
	DALE FL 33312	FORT LAUDERDALE FL 3	3312			DO NOT WRITE IN THI	S SPACE	
						3. Date Incorporated or Qualifed		
						12/06/1995		
2 Principal P	Place of Business	2a. Mailing Address				4. FEI Number	I A	oplied For
	100 0, 200,1000	26				65-0626098	No	ot Applicable
26 26 Suite, Apt. #, etc. Suite, Apt. #, etc.							\$8.75	Additional
22 27				5. Certificate of Status Desire		5. Certificate of Status Desired	Fee Re	equired
City & Stat	te	City & State				6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution		to Fees
Zip			Cot			8. This corporation owes the current year	ntangible	
— ·	25	29	30	-		Personal Property Tax.	Yes	□No _
24	9. Name and Address of Currer		100	T		10. Name and Address of New Registere	d Agent	
	J. Italia dia Addition of California			81	Name			
HAW	HEED, ABDUL					(7.2.2.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.		
	STERLING ROAD			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
	IT LAUDERDALE FL 33312			83	 			
1011	IT ENOBERIONEE TE GOOTE			"				
				84	City	F	85 Zip	Code
44 5	At the equipment Continue 607 056	02 and 607 1509 Florida State	ites the s	above	e-named corno	eration submits this statement for the numose (of changing its	registered
office or r	registered agent or both in the State	of Florida, Such change was:	autnorizeo	a bv	the corporation	n's board of directors. I hereby accept the app	ointment as re	egistered
agent. I a	am familiar with, and accept the obliga	ations of, Section 607.0505, FI	onda Stat	tutes	i.			j
SIGNATURE		4107	r. n. data	4	nt signature required	when reinstation) DATE		<u>}</u>
	Signature, typed or printed name of registered age	ent and title if applicable. (NOT	13.	_	ut signature redused	ADDITIONS/CHANGES TO OFFICERS	ND DIRECTO	DRS IN 12
12.		DELETE	1.1 Ti				Change	☐ Addition
TITLE	PDT	<i>(</i> \)	1.2 N					\$
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	VSD	ELETE	1.4 C 2.1 TI	ITY-S	T-ZIP		☐ Change	Addition
NAME	VSD MHD, BASSAM TUMEH	ELETE	1.4 C 2.1 TI 2.2 N	ITY-S ITLE IAME			☐ Change	Addition
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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: