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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000071863

1, Corporation Name

DAHL ENTERPRISES INTERNATIONAL, INC.

					, (440) (100) (8110 8110 1111 100)	
Principal Place of Business Mailing Address						
1035 SPANISH RIVER ROAD #206 P.O. BOX 27-3824 BOCA RATON FL 33432 BOCA RATON FL 33427				DO NOT WRITE IN THIS	SSPACE	
		US		3. Date Incorporated or Qualifed) 3/ AOL	
				08/27/1996		
2. Principal Place of Business 2a. Mailing Address				4. FEI Number	Applied For	
21 1015	SPANSH RIVER PO.	26		65-0708702	Not Applicable	
Suite, Apt.				5. Certificate of Status Desired	\$8.75 Additional	
	05 27			0. 3. 3. 3. 3. 3. 3. 3. 3	Fee Required	
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes the current year In	ıtangible	
24 334	ን ጊ [25]	29	10	Personal Property Tax.	∐ Yes □ No	
	9. Name and Address of Current	11		10. Name and Address of New Registered	Agent	
			81 Name			
BEINER, STEPHEN F ESQ				dress (P.O. Box Number is Not Acceptable)		
2000 GLADES ROAD #110			BZ Street Aut	82 Street Address (P.O. Box Number is Not Acceptable)		
BOCA RATON FL 33431			83			
			84 City	FI	85 Zip Code	
L	4- 4	and CO7 1500 Clarida Ctatuta	the shows named so	rporation submits this statement for the purpose o		
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligation	f Florida. Such change was aut	horized by the corpora	tion's board of directors. I hereby accept the appo	intment as registered	
SIGNATURE	<u>-</u>					
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: F	Registered Agent signature requi	(red when reinstating) DATE		
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A		
TITLE	PD	☐ DELETE	1.1 TITLE	0.462	Mac Change ☐ Addition	
NAME	Dahl, Karen		1.2 NAME	DIS SPANUH, RD. 105		
STREET ADDRESS	1035 SPANISH RIVER ROAD #2	06	1.3 STREET ADDRESS	DIS STANGATION.		
CITY-ST-ZIP	BOCA RATON FL 33432		1.4 CITY-ST-ZIP	BOCA RATON, FL 33432		
TITLE		☐ DELETE	2.1 TITLE		Change Addition	
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS	•	ļ	
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	2.4 CITY-ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition	
NAME			3.2 NAME			
STREET ADDRESS			3 3 STREET ADDRESS			
CITY-ST-ZIP			3 4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		Change Addition	
NAME			5.2 NAME			

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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in officer or director of the corporation of Block 12 or Block 13 if changed,

5.3 STREET ADORESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP *

CITY-ST-ZIP

DELETE

☐ Change

Addition