FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 1. Corporation Name P97000029769 (1)

DUKELAN ENTERPRISES, INC.

DUKELAN ENTERPRISES, INC.				
Principal Place of Business	Mailing Address	T OBERTANIA DELLA PROPERTIE DELLA PORTE DELLA BESTE DELLA DE		
5364 EHRICH RD. SUITE 165 TAMPA FL 33625	5364 EHRICH RD. SUITE 165 TAMPA FL 33625	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/31/1997		
Principal Place of Business 1	2a. Mailing Address 26	4. FEI Number Applied Fo Not Applied Fo		
Suite, Apt. #, etc.	Suile, Apt. #, etc.	Certificate of Status Desired		
City & State	City & State	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution ☐ Added to Fees		
Zip Country	Zip Country	8. This corporation owes or has paid the current year Intangible		

9. Name and Address of Current Registered Agent MENDEL, LOUIS III 5364 EHRICH RD, SUITE 165 **TAMPA FL 33625**

		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution ☐ Added to Fees
DL	intry	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
		10. Name and Address of New Registered Agent
	B1	Name
	62	Street Address (P.O. Box Number is Not Acceptable)
	83	
	84	City 85 Zip Code

FILED

Mar 16 1998 8:00am

Secretary of State

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 Signature, typed or printed hame of registered egent and title (Lappicable). (NOTE: Registered Agent signature required when reinstaturg). DATE									
12.	OFFICERS AND DIRE		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE	Ď	DELETE	1.1 TITLE	☐ Change ☐ Addition					
NAME	MENDEL, LOUIS J III		1.2 NAME						
STREET ADDRESS	17613 LAKE KEY DR		1.3 STREET ADDRESS						
CITY-ST-ZIP	ODESSA FL 33556		1.4 CITY-ST-ZIP						
TITLE	D	DELETE	21 TITLE	☐ Change ☐ Addition					
NAME	rhame, Martin W		2.2 NAME						
STREET ADDRESS	8903 BAYAUD DR		2.3 STREET ADDRESS						
CITY-ST-ZIP	TAMPA FL 33626		2. 4 CITY - ST - ZIP						
TITLE		☐ DELETE	3.1 TITLE	Change Addition					
NAME			3.2 NAME						
\$TREET 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						
STREET ADDRESS			5.3 STREET ADDRESS						
CITY-ST-ZIP			5.4 CITY - ST - ZIP						
TITLE		☐ DELE TE	6.1 TITLE	☐ Change ☐ Addition					
NAME			6.2 NAME						
STREET ADDRESS			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 of 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.

Applied For Not Applicable \$8.75 Additional Fee Required