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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT #** P97000029769

1. Corporation Name

DUIVELAN ENTERROICES INC

	IN ENTERPRISES, INC.										
Principal Place	e of Business	Mailing Address				$\neg \neg$				8	118 BISIN 1815 (88)
5364 EHRICH R		5364 EHRICH RD. S	LIITE 165			}					
TAMPA FL 33624 TAMPA FL 33624			• • • • • • • • • • • • • • • • • • • •	•						0.004.05	
US		US							RITE IN THI	S SPACE	
							<ol> <li>Date Incorporate</li> <li>03/31/1997</li> </ol>	o or Qualite	<b>:</b> u		1
2 Principal D	lace of Business	2a. Mailing Address				_	4. FEI Number				Applied For
	lace of business	26 Mailing Address	,				59-3442186				Not Applicable
Suite, Apt.	# etc	Suite, Apt. #, et	C.					<del>.</del>		<del></del>	Additional
22	.,, 0.0.	27				1	5. Certificate of Sta	tus Desired	. 🚨		Required
City & Stat	te	City & State					6. Election Campa	gn Financin	g	\$5.0	0 May Be
23		28					Trust Fund Cont		" O _		d to Fees
Zip	Country	Zip	c	Country			8. This corporation	owes the co	urrent year li	ntangible	1
24	25	29	30				Personal Proper	-		☐ Yes	<b>₩</b>
	9. Name and Address of Curr	ent Registered Agent		-			10. Name and Add	ress of Nev	v Registere	d Agent	
MEN	IDEL, LOUIS III			81	Name						
	FEHRICH RD, SUITE 165			82	Street	Addres	(P.O. Box Number	is Not Acce	ptable)		
	PA FL 33624										
TAIVI	IFA FL 33024			83							
				84	City			-	F	85 Zi	p Code
44 Durawant	to the provisions of Sections 607.0	502 and 607 1508 Elorida	Statutes the	a above	-named	cornors	tion submits this sta	tement for t			its registered
office or r	registered agent or both in the Stat	te of Florida. Such change	was authoriz	zed by '	the coroo	oration's	board of directors.	I hereby acc	cept the app	ointment as	registered
agent. I a	m familiar with, and accept the obli	gations of, Section 607.050	05, Florida St	tatutes.							
agent. I a SIGNATURE		gations of, Section 607.050	)5, Florida St	tatutes.							
agent. I a	Signature, typed or printed name of registered a	gations of, Section 607.050	05, Florida St	tatutes.					DATE		
agent. I a SIGNATURE 12.	Signature, typed or printed name of registered a OFFICERS	gations of, Section 607.050	(NOTE: Registe	tatutes.		equired w	nen reinstating) ADDITIONS/CHA	NGES TO	DATE		TORS IN 12
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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 empewered 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.

6.3 STREET ADORESS

6.4 CITY-ST-ZIP

SIGNATURE: \_

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NA