160

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9800002010

G. OFTEDAHL ENTERPRISES, INC.

Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90022 029 ***150.00



Principal Place of Business Mailing Address					01(1)	ERIL Hø ldt er elli	96ile ileti selel	ilitii dali lati
1911 N. HALIFAX AVE.	1911 N. HALIFAX AVE.	1911 N. HALIFAX AVE.						
DAYTONA BEACH FL 32118	DAYTONA BEACH FL 32118				DO NOT IND	ITE INI TUU	C CHACE	
•				2 Date In	DO NOT WR corporated or Qualifed		S SPACE	
				01/07				
9. Drivers I Diograph Rusings	2a. Mailing Address			4. FEI Nui				plied For
2. Principal Place of Business	——————————————————————————————————————			59-3	3484654		<u> </u>	Applicable
21 Suite, Apt. #, etc.	Suite, Apt. #, etc.			+				Additional
22	27			5. Certifoa	te of Status Desired			e quired
City & State	City & State			6. Election	Campaign Financing		\$5.00	Viay Be
23	28			1	und Contribution			to Fees
Zip Country	Zip	Coul	ntry	8. This co	rporation owes the cur	rent year Ir	ntangible	
24 25	29	30		Person	al Property Tax.		Yes	□No
9. Name and Address of Curr	reni Registered Agent			10. Name	and Address of New	Registered	l Agent	
			81 Name	Barry 1	Z Unaboa E	coniro		1
MOLLOY, G. PETER JR ESQ.		ŀ	82 Street Addr	ess (P.O. Bo::	E. Hughes, E Number is Not Accept	lable)	<u> </u>	
43 W. GRANADA BLVD.					outh Ridgewo		enue	
ORMOND BEACH FL 32174			83		· ·			i
		ŀ	84 City				85 Zip	Code
11. Pursua nt to the provisions of Sections 607.0					Daytona	FI	- !	£6 1 9
——————————————————————————————————————	agent and title if applicable. Hust E	: Registered	Agent signature require	d when reinstating)		4/20/	99	
	AND DIRECTORS	13.		ADDITI	NS/CHANGES TO OF	FICERS 4	Change	Addition
TITLE DPST	O DELETE	1,1 TIT	1					
NAME Gordy Oftedahl		1.2 NA						
STREET ADDRESS 1911 N. Halifax Av		1	REET ADDRESS					ł
CITY-ST-ZIP Daytona Beach, FL	32118	2.1 TIT	ry-st-zip				Change	Addition
TITLE	- October	2.1 III						
NAME			REET ADDRESS					1
STREET ADDRESS			TY-ST-ZIP					- [
TITLE	DELETE	3.4 CI					Change	Addition
NAME		3.2 NA						
STREET ADDRESS			REET ADDRESS					
		1	TY-ST-ZIP					
CITY-ST-ZIP TITLE	DELETE	4 1 717					Change	☐ Addition
NAME		4. 2 N	AME					
STREET ADDRE 3S		4.3 ST	REET ADDRESS					
CITY-ST-ZIP			ry-st-zip					
TITLE	☐ DELETE	5.1 TIT					☐ Change	Addition
NAME		5.2 NA						1
STREET ADDRESS		5 3 ST	REET ADDRESS					
CITY-ST-ZIP		5.4 CI	TY-ST-ZIP					
TITLE	☐ DELETÉ	6.1 TIT	le l				Change	Addition
NAME		6.2 NA	ME					}
STREET ADDRE 3S		6.3 ST	REET ADDRESS					
CITY-ST-ZIP		6 4 CI	TY-ST-ZIP					

14. I hereby certify that the information supplied with this filling 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 under fire parties 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 corpora ion or the receiver or true 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 op an attribution and the properties of the corporal parties.

President

SIGNATURE:

NTED NAME OF SIGNING OFFICER OR DIRECTOR