1999. Hilluni auc un un befane untern. 1900 (in chssulyed, minimum amount due to reinstate: 1750).

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE

Kathorina darris

Secretary of State
DIVISION OF/CORPORATIONS

DOCUMENT # P9800040176

ENT CORP.

Principal Place of Business
3 DANBY PL.
30YNTON BEACH FL 33462

Malling Address

3 DANBY PL. BOYNTON BEACH FL 33462 FILED Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90021 007 ***150.00



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/01/1998 2a. Malling Address Principal Place of Business FELNumbe Applied For 26 Not Applicable Suite, Apt. #, etc. Suite. Apr. #. etc. \$8.75 Additional Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 28 Trust Fund Contribution Added to Fees ΖΙp Country 710 Country B. This corporation owes the current year Yes Intangible Personal Property. 25 29 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 Name DIMARIA, SHADRACH Street Address (P.O. Box Number is Not Acceptable) 3 DANBY PL. **BOYNTON BEACH FL 33462** 83 64 City Zip Code 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. **SNATURE** Signature, typed or printed name of registered agent and title if applicable CR2E034 (5/99) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. res ident 1.1 TITLE DELETE Change Addition shadrach Di Maria Mario 1 2 NAME 3 Wanby PL ET ADDRESS 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP -ST-ZIP 2.1 TILE __ Change __ Addition DELETE 22 NAME 'ET ADDRESS 2.3 STREET ADDRESS 2.4 CITY ST Z# ST-ZIP 3.1 TITLE Change Addition DELETE ŧ **ET ADDRESS** 3.3 STREET ADDRESS ST-ZIP 3.4 CITY-ST-ZIP DELETE 4.1 TITLE Change Addition 4.2 NAME **ETADORESS** 4.3 STREET ADDRESS 4.4 CITY ST-ZIP T-ZIP DELETE 5.1 TITLE Change Addition 5.2 NAME TADDRES! 5.3 STREET ADORESS 5.4 CFTY-ST-ZIP T-ZIP 6.1 TITLE L DELETE Change Addition R 2 NAME TADORESS 8.3 STREET ADDRESS 8.4 CITY-ST-ZIP 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 idicated 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 ceth; that I am nofficer 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 1 Block 12 or Block 13 if changed, or on an attachment with an address.

SNATHDE.

TYPED ON PRINTED HAVE OF BROWNING OFFICER OR DIRECTOR