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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000052696

DAD GROUP ENTERPRISES, INC.

	•							<u> </u>	
Principal Place of Business Mailing Address							11110 11212 2111		
7770 NORTHWEST 50TH STREET 7770 NORTHWEST 50TH STREET									
SUTIE 410 LAUDERHILL FL 33351		Sutie 410 . Lauderhill fl 33351			DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualifed 06/12/1998			
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	A	pplied For	
21 26						65-0843065	Not Applicable		
Suite, Apt.	Suite, Apt. #, etc.	Apt. #, etc.			5 Certificate of Status Desired	\$8.75	Additional		
22	•	27				5. Certificate of Status Desired	Fee R	tequired	
City & State	•	City & State	City & State			6. Election Campaign Financing	\$5.00	May Be	
23		28	28			Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Zip Country			8. This corporation owes the current year Intangible			
24	25	29	30			Personal Property Tax.			
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Registered	Agent		
				31	Name			1	
AMERILAWYER				32	Ctra-t Addres	A Address (D.O. Roy Number is Not Assentable)			
343 ALMERIA AVENUE CORAL GABLES FL 33134			ľ	32	Street Addre	ess (P.O. Box Number is Not Acceptable)		1	
			8	33					
			L	_					
			8	84	City	FL	85 Zip	Code	
44 Divisions to the provisions of Sections 607 0502 and 607 1508 Florida Sections the					a-named come	oration submits this statement for the purpose of	changing it	s registered	
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 ai	m familiar with, and accept the obliga-	ions of, Section 607.0505, Flor	rida Statut	es.				ļ.	
SIGNATURE			B1-11 X		4 -1	1 when reinstating) DATE			
				egistered Agent signature require		ADDITIONS/CHANGES TO OFFICERS AN	D DIRECT	ORS IN 12	
TITLE				1.1 TITLE		ADDITIONO CHARGES TO OFFICE AS	Change		
							_ ,	_	
NAME	DONENFELD, DAVID A			1.2 NAME				1	
STREET ADDRESS	★			1.3 STREET ADDRESS					
CITY-ST-ZIP	LAUDERHILL FL 33351		1.4 CITY-ST-ZIP		r-ziP		Change	Addition	
TITLE	STD DELETE		2.1 TITLE				Clarige		
NAME	DONENFELD, CHERYL K		2.2 NAM	Œ				İ	
STREET ADDRESS				EET	ADDRESS			1	
CITY-ST-ZIP	LAUDERHILL FL 33351		2. 4 CIT	Y-S1	T-ZIP		·		
TITLE	☐ DELETE		3.1 TITL	3.1 TITLE			☐ Change	Addition	
NAME			3.2 NAM	Œ				1	
STREET ADDRESS			3.3 STR	3.3 STREET ADDRESS					
CITY-ST-ZIP			3.4. CIT	Y- 5	T-ZIP_				
TITLE	☐ DELETE		4.1 TITL	4.1 TITLE			☐ Change	☐ Addition	
NAME			4. 2 NAM	4. 2 NAME					
STREET ADDRESS			4.3 STR	EET	T ADDRESS			-	
CITY-ST-ZIP			4.4 CITY	r-ST	T-ZIP				
TITLE	DELETE		5.1 TTL	_			☐ Change	Addition	
NAME			5.2 NAM					Ţ	
STREET ADDRESS	•		5.3 STR	EET	T ADDRESS				
			5.4 CITY						
TITLE		☐ DELETE	6.1 TITL				Change	Addition	
NAME	•		6.2 NAM	Œ			_ •		

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 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90001 014 ***150.00