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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT #

1. Corporation Name

DENHARD ENTRUPERS, INC. P98000065405

## Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90085 039 \*\*\*150.00

Frincipal Place of Business 8308 N.W. 57ET Through 1 Through 1 F2 33321	F308 NW TAMPRAK, FL.	57	CT.	.
8 308 7 1 1	Marian of The	722	21	
1 Mysele 12 3332/	TAMPILAC, PL.	777	<i>F1</i>	DO NOT WRITE IN THIS SPACE
				3. Date incorporated or Quanted
2 Division Discourt Division	Mailing Address			4. FEI Number Applied For
	Maining Address			63-0869356 Not Applicable
21     26	uite, Apt. #, etc.		*****	\$8.75 Additional
22 27		•	_	5. Certificate of Status Desired Fee Required
	City & State			6. Election Campaign Financing \$5.00 May Be
23 28				Trust Fund Contribution Added to Fees
Zip Country Z	_ '			8. This corporation owes the current year Intangible
24 25 29				Personal Property Tax.
9. Name and Address of Current Register	red Agent	81	Name?	10. Name and Address of New Registered Agent
SCOTT H. LUTWAK CPA				CNARD MUNGTA
4101 E. NEWPORT CENTER DR., SUITE 208			Street Ad	dress (P.O. Box Number is Not Acceptable)
DEERFIELD BEACH, FL 33442		83		10 1 10 0 7 C)
		84	City	AMPLAC FL 85 Zin Code 333321
44 Burguent to the provisions of Sections 607 0502 and 607	1508 Florida Statutes the	above-	named co	progration submits this statement for the purpose of changing its registered
office or registered agent or both in the State of Florida.	Such change was authorize	ed by ti	he corpora	ntion's board of directors. I hereby accept the appointment as registered
agent. I am familiar with, and accept the obligations of, S			0.00	4/2/99
SIGNATURE Signature, typeti or printed name of registered agent and bytes! as	policable. (NOTE: Registere			ired when reinstating)  DATE
12. OFFICERS AND DIRECT	<u> </u>			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE And	DELETE 1.11	TITLE	İ	Change Addition
NAME RICHLD MWGIA STREET ADDRESS \$303 NW 57 CT.	(MUNGIA) 121	NAME		
STREET ADDRESS \$303 NW 57 CT.		STREET	ADDRESS	
CITY-ST-ZIP TAMASE, FL33372	1.4 (	CITY-ST-	ZIP	
TITLE / / / / / // // // // // // // // // /	<b>1</b> ☐ DELETE 2.11	TITLE		☐ Change ☐ Addition
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TITLE		TITLE		☐ Change ☐ Addition
NAME		NAME		
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CITY-ST-ZIP	5.4 (	CITY-ST-	ZIP	
TITLE	☐ DELETE 6.11	TITLE		☐ Change ☐ Addition
NAME		NAME		
STREET ADDRESS	6.3 5	STREET	ADDRESS	
CITY-ST-ZIP	6.40	CITY-ST-	ZIP	
VII (* VI * VI * VI * VI * VI * VI * VI	and an artist of the second			Section 110 07(2)(i) Florida Statutos I further certify that the information

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 informati 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.

SIGNATURE:

Richard A. Munguia