


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

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90021 030 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 367256

1. Corporation Name
ENTERPRISES INTERNATIONAL, INC.



Principal Place of Business 1384 HERITAGE ACRES BOULEVARD SUITE A ROCKLEDGE FL 32955 US	Mailing Address 1384 HERITAGE ACRES BOULEVARD SUITE A ROCKLEDGE FL 32955 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <u>720 ROY WALL BLVD</u>		2a. Mailing Address 26 <u>720 ROY WALL BLVD</u>		3. Date Incorporated or Qualified 07/20/1970	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-1354030	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 City & State <u>ROCKLEDGE FL</u>		28 City & State <u>ROCKLEDGE FL</u>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip <u>32955</u>		29 Zip <u>32955</u>		30 Country	
25 Country		30 Country		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent BAR-NAVON, HAIM 1384 HERITAGE ACRES BLVD #A ROCKLEDGE FL 32955				10. Name and Address of New Registered Agent			
81 Name				82 Street Address (P.O. Box Number is Not Acceptable) <u>720 ROY WALL BLVD</u>			
83				84 City <u>ROCKLEDGE</u> FL			
85 Zip Code <u>32955</u>							

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 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAR-NAVON, HAIM	1.2 NAME	
STREET ADDRESS	1384 HERITAGE ACRES BLVD #A	1.3 STREET ADDRESS	<u>720 ROY WALL BLVD.</u>
CITY-ST-ZIP	ROCKLEDGE FL 32955	1.4 CITY-ST-ZIP	<u>ROCKLEDGE FL 32955</u>
TITLE	VSD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAR-NAVON, ZIVA	2.2 NAME	
STREET ADDRESS	1384 HERITAGE ACRES BLVD #A	2.3 STREET ADDRESS	<u>720 ROY WALL BLVD</u>
CITY-ST-ZIP	ROCKLEDGE FL 32955	2.4 CITY-ST-ZIP	<u>ROCKLEDGE FL 32955</u>
TITLE	VASD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAR-NAVON, BOAZ	3.2 NAME	
STREET ADDRESS	1384 HERITAGE ACRES BLVD #A	3.3 STREET ADDRESS	<u>720 ROY WALL BLVD</u>
CITY-ST-ZIP	ROCKLEDGE FL 32955	3.4 CITY-ST-ZIP	<u>ROCKLEDGE FL 32955</u>
TITLE	DV <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAR-NAVON, YOAV	4.2 NAME	
STREET ADDRESS	1384 HERITAGE ACRES BLVD #A	4.3 STREET ADDRESS	<u>720 ROY WALL BLVD</u>
CITY-ST-ZIP	ROCKLEDGE FL 32955	4.4 CITY-ST-ZIP	<u>ROCKLEDGE, FL 32955</u>
TITLE	DV <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNAVON, EREZ	5.2 NAME	
STREET ADDRESS	1384 HERITAGE ACRES BLVD #A	5.3 STREET ADDRESS	<u>720 ROY WALL BLVD</u>
CITY-ST-ZIP	ROCKLEDGE FL 32955	5.4 CITY-ST-ZIP	<u>ROCKLEDGE, FL 32955</u>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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: M. Bar-Navon **BAR-NAVON, Pres.** 4/29/99 (407) 636 3432
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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