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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

DOCUI	MENT # 44553()			
	ENTERPRISES, INC.				-
Principal Place	e of Business	Mailing Address)
80 SW 17TH RI		80 SW 17TH RD.			
MIAMI FL 33129 MIAMI FL 33129				DO NOT WOLF IN T	UD 0040E
		v		DO NOT WRITE IN THE 3. Date Incorporated or Qualified	IIS SPACE
				03/14/1974	
2 Principal D	lace of Business	2a. Mailing Address	·	4. FEI Number	Applied For
z. Finicipal Fi	ace of Business	26	ه خده د د د د د د د د د د د د د	59-2004836	Not Applicable
Suite Apt.	#. etc.	Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	
24	25	29	30	Personal Property Tax. 10. Name and Address of New Register	
	9. Name and Address of Curr	ent Registered Agent	81 Name		
CAR	LSON, ALEX E.		· · · -]		R
	CURTISS PKWY			Iress (P.O. Box Number is Not Acceptable)	{
MIAMI SPRINGS FL			83	3. W. 17 NOW	
	,				
			84 City	I A M I	FL 85 Zip Code 33 29
11 Pursuant	to the provisions of Sections 607.0	502 and 607,1508, Florida Stati	utes, the above-named cor	poration submits this statement for the purpose	e of changing its registered
office or c	egistered agent, or both, in the Star m familiar with, and accept the obli	te of Florida. Such change was	authorized by the corporat	ion's board of directors. I hereby accept the ap	pointment as registered
		/1		- 19 -	99
SIGNATURE	Signature, typed or printed name of registered a	yent and title if applicable. (NOT	JE JR ORE TE: Registered Agent signature requir		
12.	OFFICERS	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	TOWLE TOM, JR.		1.2 NAME		,
STREET ADDRESS	80 SW 17TH RD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP		Change Addition
TITLE	D	☐ DELETE	2.1 TITLE		
NAME	TOWLE, FRANCES H.		2.2 NAME		
.STREET ADDRESS		n was sas to to see	2.3 STREET ADDRESS	The state of the s	
CITY-ST-ZIP	MIAMI FL	DELETE	2.4 CITY-ST-ZIP 3.1 TITLE	<u> </u>	☐ Change ☐ Addition
TITLE	D TOWIE TOW ID		3.2 NAME		<i>,</i> – , –
NAME etheet andrees	TOWLE, TOM JR. 80 SW 17TH RD.		3.3 STREET ADDRESS		
STREET ADDRESS	MIAMI FL		3.4. CITY-ST-ZIP		}
CITY-ST-ZIP	INITIANI I C	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP	•	
TITLE		☐ DELETE	5.1 TITLE	,	☐ Change ☐ Addition
NAME			5.2 NAME -		
STREET ADDRESS		, ``	5.3 STREET ADDRESS		-
CITY-ST-ZIP		·	5.4 CITY-ST-ZIP		
TITLE 11.	·ef	☐ DELETE	6.1 T/TLE		Change Addition
NAME	· · · · · · · · · · · · · · · · · · ·		6.2 NAME		
* . *	1 **		6.3 STREET ADDRESS		l l

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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP