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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F05337

(3)

CENTER COUNTY ENTERPRISES, INC.

Principal Place	ace of Business Mailing Address						_					
Principal Place of Business 14871 SW 156TH ST. MIAMI FL 33187			14871 SW 156TH ST. MIAMI FL 33187-5572									
								3. Date Incorporated or Qualified 11/13/1980		ate of Last Re /29/1996	eport	
2. Principal Pl	ace of Business	28.	Mailing Address					4. FEI Number		Ap	plied For	
21		26						59-2044933	·····		t Applicable	
Suite, Apt	#, etc.	27	Suite, Apt. #, etc.					5. Certificate of Status Desired		\$8.75 A		
City & State			City & State					6. Election Campaign Financing	_	\$5.00		
23	T. Country	28	7:0	T	`n. inte			Trust Fund Contribution		Added t		
Zip	Country	h	Zip	\vdash	Country	•		 This corporation has liability for Florida Statutes 		e tax under s. 🄀 No	. 199.032,	
24	25 9. Name and Address of Currer	29 It Registr	ered Agent	30	T			0. Name and Address of New Re				
Qi II	HERY, AL				81	Name	<u>'</u>		3.0.0.00			
	71 SW 158TH ST.							10.0	 			
-	MI FL 33187				82	Street Ad	adress	(P.O. Box Number is Not Acceptat)le)			
צישות	mi i E sotor				83		***************************************					
					84	City			FL	85 Zip (Code	
11 Purcupat i	o the provisions of Sections 607 050	2 and 60	7 1509 Florida Statut	oc the	about	n named e	orpora	tion cubmits this statement for the		s changing it	te registered	
office or ri	egistered agent, or both, in the State m familiar with, and accept the oblig	of Florida	 Such change was : 	authori	ized by	the corpo	oration'	's board of directors. I hereby acce	of the app	ointment as	registered	
SIGNATURE												
Signaturic typed or printed name of ingolered agent and 12. OFFICERS AND DIR						ent signature re	equired w	hen reinstating) ADDITIONS/CHANGES TO OFFIC	DATE	DIRECTOR	C INI 10	
TITLE	OF FICE HS AIN	D DIRE.C	DELETE		a. 1 TITLE			ADDITIONS/CHANGES TO OFFIC	EUS VIAL	Change	Addition	
NAME	GUTHERY, MARY J				2 NAME					الماري السا		
STREET ADDRESS	14871 S.W. 156TH STREET					ADDRESS						
CITY-ST-ZIP	MIAMI FL				4 CITY - S							
TITLE	PD	*	DELETE		1 TITLE	/ <u>'</u>				Change	☐ Addition	
NAME	GUTHERY, AL			2	2 NAME							
STREET ADDRESS	14871 S.W. 156TH STREET			2	3 STREET	ADDRESS						
CITY - ST - ZIP	MIAMI FL			2	4 CITY-3	ST-ZIP						
TITLE			DELETE	3	1 TITLE					Change	Addition	
NAME				3.	2 NAME							
STREET ADDRESS				3.	3 STREET	ADDRESS						
CITY - ST - 7IP				3.	4. CITY-1	ST-ZIP						
TITLE			☐ DELETE	4.	1 TITLE]				Change	Addition	
NAME				4.	2 NAME							
STREET ADDRESS				4.	3 STREET	ADDRESS						
DITY+ST-ZIP					4 CITY - S	ST-ZIP				·	· • • • • • • • • • • • • • • • • • • •	
TITLE			DELETE		1 TITLE					☐ Change	Addition	
NAME					2 NAME							
STREET ADDRESS						ADDRESS						
City-SY-ZiP					4 CITY-S	ST-ZIP	·····	······································				
TITLE			☐ DELETE	6.	1 TITLE					Change	Addition	

STREET ADDRESS CITY-ST-ZIP

ALVIN R. GUTHERY

6.4 CITY-ST-ZIP

14. I do 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.

6.2 NAME 6.3 STREET ADDRESS

9 JAN 97

305-232-2552

FILED

Jan 17 1997 8:00am

Secretary of State