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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS Jan 27 1998 8:00am Secretary of State

FILED

	1990	SOO WE T	<u> </u>	DIVISION OF	CONFOLIA	\		J Secretary of State
DOCUI	MENT #	F2806	3	(8)				
PLC ENTERPRISES, INC.								
								I COMPAND THE REAL PART AND PROPERTY OF THE PR
Principal Place	e of Business		Mailing A	ddress				
				PO BO 561008				
MIAMI FL 33156 27100 OLD US MIAMI FL 3					DIXIE HIGHWAY			DO NOT WRITE IN THIS SPACE
50		US					3. Date Incorporated or Qualified	
							04/02/1981	
	lace of Business	2a. Mailing	2a. Mailing Address				4. FEI Number Applied For	
21		26					59-2079770 Not Applicable	
Suite, Apt.	#, e(c.	<u> </u>	Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional Fee Required	
City & State	9	11	City & State				6. Election Campaign Financing \$5.00 May Be	
23	_		28				Trust Fund Contribution Added to Fees	
Zip				Zip Country				8. This corporation owes or has paid the current year Intangible
24	25		29		30			Personal Property Tax due June 30. Yes No
		Address of Curren	t Registered A	gent		04		10. Name and Address of New Registered Agent
	DLEMAN, PHILL	ip lloyd			}	81	Name	
9013 SW 78 PL					Ī	82 Street Address (P.O. Box Number is Not Acceptable)		ess (P.O. Box Number is Not Acceptable)
N.A								
					Ĺ	83		
						84	City	FL 85 Zip Code
11. Pursuant I	to the provisions	of Sections 607.050	2 and 607.1508	3, Florida Statu	ites, the ab	ove	-named corpo	
office or re agent. I as	egistered agent, m familiar with, a	or both, in the State	of Florida, Suct ations of, Sectic	h change was on 607.0505. F	authorized lorida Statu	l by ites	the corporation.	oration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered
SIGNATURE								•
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re						egistered Agent signature required		
12.	PSTD	OFFICERS AN	D DIRECTORS	DELETE	13.	ıε		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME	COLEMAN,	PHILLID 1		- Deterie	1.2 NA			☐ Onlange ☐ Additio
STREET ADDRESS	9013 SW 78			1			ADDRESS	
CITY-ST-ZIP	MIAMI FL						1	
TITLE	VPD			DELETE		1.4 CITY - ST - ZIP 2.1 TITLE		☐ Change ☐ Additlo
NAME	COLEMAN,	SUSANNE T			2,2 NAI	ME		
STREET ADDRESS	9013 SW 7		2.3			ADDRESS		
CITY-ST-ZIP							ST-ZIP	
TITLE	SD			DELETE	3.1 TIT	LE		☐ Change ☐ Addition
NAME	COLEMAN,				3.2 NA		1	
STREET ADDRESS	LAIABAT ET			1			ADDRESS	
CITY-ST-ZIP TITLE	MIAMI FL			DELETE	3,4. CD 4,1 TO		ST-ZIP	Change Additio
NAME				اعتداد ا	4,7 IN		ļ	i Glange i Addito
STREET ADDRESS					i i		ADDRESS	
CITY-ST-ZIP					4.4 CIT		ì	
THTLE				DELETE	5.1 TITI			Change Additio
NAME					5.2 NA	ME		
STREET ADDRESS				5.3 STREET AL		ADDRESS	_	
CITY-ST-ZIP					5.4 CiT	Y-SI	T-ZIP	
TITLE				DELETE	6,1 TITI			Change Li Addition
NAME					6.2 NA			
STREET ADDRESS					1		ADDRESS	
CITY-ST-ZIP	partiful that the late	venetion supplied w	ith this filing do	ac not qualify!	6.4 CIT			Section 119 07(9)(I) Florida Statutas I further cortifu 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)(1), 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 attackment with an address.

SIGNATURE: