## 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

## **FILED** Mar 31, 1999 8:00 am **Secretary of State**

03-31-1999 90055 046 \*\*\*150.00

DOCUMENT #  1. Corporation Name	K68846			
AGRIPPA ENTERPRIS	SES. INC.			

Principal Place of Business 4983 79TH AVE DR. E. SARASOTA FL 34243

Mailing Address 4983 79TH AVE DR. E. SARASOTA FL 34243

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed 02/22/1989 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 65-0100791 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certifcate of Status Desired Fee Required 27 22 6, Election Campaign Financing \$5:00 May Be City & State Added to Fees 28 Trust Fund Contribution 23 Country Zip Country Zip 8. This corporation owes the current year Intangible ☐ Yes 30 Personal Property Tax. 24 25 29 9. Name and Address of Current Registered Agent

HEBERT, ROBERT 2905 HERMITAGE BLVD. VENICE FL 34292

	10. Name and Address of New Re	gistered A	gent	
81	Name	-		
82	Street Address (P.O. Box Number is Not Acceptable	ole)		
83		<del></del>		
84	City	FL	85	Zip Code

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	Signature, typed or printed name of registered agent and title if applic	cable. (NOTE: F	Registered Agent signature requires	d when reinstating)	DATE		
12.	OFFICERS AND DIRECTO		13.	ADDITIONS/CHANGES	TO OFFICERS AND DI	RECTOR	S IN 12
TITLE	PT	☐ DELETE	1.1 TITLE			Change	Addition
NAME	DENARO, JOHN M		1.2 NAME				
STREET ADDRESS	4983 79TH AVE DR E		1.3 STREET ADDRESS	•			
CITY-ST-ZIP	SARASOTA FL 34243		1.4 CITY-ST-ZIP				
TITLE	V	DELETE	2.1 TITLE			Change	☐ Addition
NAME	MACAULAY, RAY		2.2 NAME				
STREET ADDRESS	988 BOULEVARD OF THE ARTS #610		2.3 STREET ADDRESS				
CITY-ST-ZIP	SARASOTA FL 34236		2. 4 CITY-ST-ZIP			<u> </u>	
TITLE	S	☐ DELETE	3.1 TITLE			Change	Addition
NAME	MACAULAY, C. PATRICK		3.2 NAME				`
STREET ADDRESS	988 BLVD OF THE ARTS #610		3.3 STREET ADDRESS				
CITY-ST-ZIP	SARASOTA FL 34236		3.4. CITY-ST-ZIP	<u></u>			
TITLE	311 1	DELETE	4.1 TITLE	<del></del>		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		☐ DELETE	6.1 TITL€			Change	☐ Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
			RACITY OF TID				

DENARO

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<sup>14.</sup> 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. (941)