

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

FILED
Apr 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name
92 Enterprises Inc.

Principal Place of Business Mailing Address
**5700 Fourth Ave (same)
Key West FL 33040**

2. Principal Place of Business 2a. Mailing Address
21 **5700 Fourth Ave** 26 **Same**
22 City & State 27 **Same**
23 **Key West** 28 **Same**
24 **FL** 25 **MONROE** 29 **33040** 30 **FL**

3. Date Incorporated or Qualified 3a. Date of Last Report
08/03/1988 **02/04/97**
4. FEI Number Applied For
65-0076750 Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**George, Squires II
206 Venus Ln.
Key West FL 33040**

10. Name and Address of New Registered Agent
81 Name **George Squires**
82 Street Address (P.O. Box Number is Not Acceptable)
206 Venus Lane
84 City **Key West** FL 85 Zip Code **33040**

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 officer 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: *George Squires II* DATE: **23 April 1997**

12. OFFICERS AND DIRECTORS

TITLE	Director <input type="checkbox"/> DELETE
NAME	George Squires II
STREET ADDRESS	206 VENUS LN
CITY-ST-ZIP	Key West FL 33040
TITLE	Director <input type="checkbox"/> DELETE
NAME	Phyllis Squires
STREET ADDRESS	206 VENUS LANE
CITY-ST-ZIP	Key West FL 33040
TITLE	Director <input type="checkbox"/> DELETE
NAME	Walter Davenport
STREET ADDRESS	1111 WATSON # F
CITY-ST-ZIP	Key West FL 33040
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	100002162891
6.3 STREET ADDRESS	-05/02/97--01001--057
6.4 CITY-ST-ZIP	***183.75

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.

SIGNATURE: *George Squires II* DATE: **23 April 1997**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # **305-221-1800**

CR2E034 (9/96)