FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000002390

Corporation Name

ENRIQUEZ FOUNDATION, INC.

Principal Place of Business 3350 N. RIVERSIDE DR. INDIALANTIC FL 32903-4418

2. Principal Place of Business

Suite, Apt. #, etc.

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

3350 N. RIVERSIDE DR. INDIALANTIC FL 32903-4418

FILED Feb 10, 1999 8:00am Secretary of State

02-10-1999 90035 019 ****61.25

Applied For.

3. Date Incorporated or Qualifed

04/29/1997

4. FEI Number

City & State City & State 28 City & State 5. Certificate of Status Desired Fee Required State Country Fee Required \$5.00 May Be	22	<i>"</i> , 515.	27			59-3444792	Not	Applicable	1 6	
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Added to Fees Solution Solution Added to Fees Solution Added to Fees Solution Added to Fees Solution Solution Added to Fees Solution Solutio	23	•	⊢ '	¬ '		5. Certifcate of Status Desired				
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent	Zip					6. Election Campaign Financing	g _	\$5.00	May Be	ĺ
MITCHELL, WILLIAM D ESO 201 F KENNEDY BLVD., SUITE 800 TAMPA FL 33602 11. Pursuant to the provisions of Sections 617,0502 and 617,1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation submits this statement for the purpose of changing its registered agent, and an interview of the provisions of Section 617,0502 and 617,1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and the purpose of changing its registered agent, and the purpose of changing its registered agent, and the purpose of changing its registered agent agen	24 25 29 3					Trust Fund Contribution	· L l	Added to	Fees	1
MITCHELL, WILLIAM D ESO 201 F KENNEDY BLVD., SUITE 800 TAMPA FL 33802 Set		9. Name and Address of Current F	legistered Agent			10. Name and Address of New	Registered	Agent		1
201 E KENNEDY BLVD., SUITE 800 TAMPA FL 33802 83 64 City FL 85 Zip Code The provisions of Sections 617,0502 and 617,1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617,0502 florida. Such change was authorized by the corporation's board of directors. I hereby ecoept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. WARE PPD NAME ENRIQUEZ, PABLO STREET ADDRESS TITLE VD ORLANDO DELETE 21 TITLE VD DELETE 21 TITLE VD Change Addition DELETE 21 TITLE SOT ORLANDO FL 32819 24 CITY-ST-2P TITLE SOT DELETE 31 TITLE SOT ORLANDO FL 32819 DELETE 41 TITLE DELETE 41 TITLE DELETE 51 TITLE DELETE		•	•	81	81 Name					ŀ
201 E KENNEDY BLVD., SUITE 800 TAMPA FL 33802 83 64 City FL 85 Zip Code The provisions of Sections 617,0502 and 617,1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617,0502 florida. Such change was authorized by the corporation's board of directors. I hereby ecoept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. WARE PPD NAME ENRIQUEZ, PABLO STREET ADDRESS TITLE VD ORLANDO DELETE 21 TITLE VD DELETE 21 TITLE VD Change Addition DELETE 21 TITLE SOT ORLANDO FL 32819 24 CITY-ST-2P TITLE SOT DELETE 31 TITLE SOT ORLANDO FL 32819 DELETE 41 TITLE DELETE 41 TITLE DELETE 51 TITLE DELETE	MITCHELL	. WILLIAM D ESQ		82	2 Street Address (P.O. Box Number is Not Acceptable)					
TAMPA FL 33602 84										
T1. Pursuant to the provisions of Sections 617 0502 and 617 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing 18, registered office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. Interby social the appointment agent, and accept the originations of Section 617, 050, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TILE PD				83						ĺ
T. Pursuant to the provisions of Sections 617 0502 and 617 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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 617 0503, Florida Statutes. SIGNATURE 12				84 City			·	85 Zin C	ode:	ł
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. In hereby accept the appointment as registered: Signature				10-1	7461 + 3 2 74 - 20% 1 1 1 1 27 2 W					
SIGNATURE Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signa	11. Pursuant	to the provisions of Sections 617.0502 a	nd 617.1508, Florida Statutes,	the above	-named corp	poration submits this statement for the	e purpose of	changing its	registered	1
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12	•							•		
TITLE	SIGNATURE	Signature, typed or printed name of registered agent ar	d title if applicable. (NOTE: Re	gistered Agen	t signature require					g
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		certify that the information supplied with	his filing does not qualify for th	e exempti	on stated in	Section 119.07(3)(i), Florida Statutes	. I further cer	tify that the in	nformation	٠.

4. 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 617, 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.

SIGNATURE: PASSIGNATURE OF PRINTED NAME OF SIGNING OFFICE OF DRIVER OF THE PRINTED NAME OF SIGNING OFFICE OF DRIVER