Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90031 002 ***150.00

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

DOCUMENT # P9300033241

1. Corporation A.S.E. El	Name NTERPRISES, INC.	0000241					atz 88 111 88388 11		4(25) ()8()8()
		,	-						
Principal Place	of Business	Mailing Address				- - F 1002110014 110 (2010) 11211 40114 60		THE FILLS SIGN	E(EUL) 0 EU
1415 MOFFETT	ST .	1415 MOFFETT ST							
HOLLYWOOD FL 33020 HOLLYWOOD FL 33020						DO NOT WELL	TE IN THIS C	PACE	
US US						3. Date Incorporated or Qualifed	IE IN THIS S	PACE	
_		·				05/07/1993			
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number			plied For
21	· · · · · · · · · · · · · · · · · · ·	26				65-0513523		t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		\$8.75 /	Additional equired	
22		27 Site 8 State						··	
City_& State	9	City & State			6. Election Campaign Financing Trust Fund Contribution		_ \$5.00 Added t		
23	Country	28 Zip	Count	trv		This corporation owes the curr	ant voor Inter		.5 1 003
Zip			1000	,		Personal Property Tax.		∏Yes	□No
24	9. Name and Address of Cur	111111	<u> </u>			10. Name and Address of New F			
_	g. Maile and places of our		٤	81	Name				
EASC	on, alan s.			_		(D.O. B. N			
	MOFFETT ST		18	B2	Street Addre	ess (P.O. Box Number is Not Accepta	abie)		
HOLLYWOOD FL 33020			ε	В3		•			
				84	City		FL	85 Zip (Code
office or re	egistered agent, or both, in the Sta	0502 and 607.1508, Florida Statutes ate of Florida. Such change was aut ligations of, Section 607.0505, Florid	horized t	by t	ine corporation	oration submits this statement for the n's board of directors. I hereby accept	рі іпе арроіпі	hanging its ment as re	registered gistered
	Signature, typed or printed name of registered		<u> </u>	gent	l signature required		DATE	- DIDEOT	NDO 111 40
12.		AND DIRECTORS	13.	_		ADDITIONS/CHANGES TO OF	FICERS AND	Change	Addition
TITLE								Change	C Addition
NAME	EASON, ALAN S								
STREET ADDRESS	LIOUVINOOD TI				ADDRESS				ļ
CITY-ST-ZIP				Y-ST -	-ZIP			☐ Change	Addition
TITLE		DELETE	2.1 TITL					Citalige	
NAME }			2.2 NAM						
STREET ADDRESS		·			ADDRESS				
C/TY-ST-ZIP		The street	2, 4 CIT					Change	Addition
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NAME			3.2 NAM						
STREET ADDRESS	•				ADDRESS			•	
CITY-ST-ZIP	<u> </u>	C DELETE	3.4. CITY		T-ZIP			☐ Change	Addition
TITLE (☐ DELETE	4.1 TITL					☐ Citalige	
NAME			4, 2 NAI		· · · · · · · · · · · · · · · · · · ·				
STREET ADDRESS	•		1		ADDRESS				
CITY-ST-ZIP		- Delete	4.4 CITY		-ZIP			Change	☐ Addition
TITLE		☐ DELETE	5.1 TITL						L_I Addicion
NAME			5.2 NAM		ADDDESS .				
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP		□ DELETE	5.4 CITY 6.1 TITU		-ZIP		_	Change	☐ Addition
TOTAL C		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	■ V.I IIIU	_	1				Madeladii

14. 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on a attachment with an address, with all other like empowered.

SIGNATURE HAQUESON

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CiTY-ST-ZIP