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PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



DOCUMENT # P95000022815

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

May 10, 1999 8:00 am Secretary of State

05-10-1999 90189 036 ***150.00

4141 EN	TERPRISES INC.											
Principal Place	e of Business	Mailing Ad	dress					i i Baifaan san issan antsi assur as	161 DE 116 DA 11 P 1	1010 11884 18161 1		
4141 N.W. 8TH ST. COCONUT CREEK FL 33066 COCONUT CREEK FL 33066								DO NOT WRITE IN THIS SPACE				
							3.	Date Incorporated or Qualifed		•		
								03/21/1995				
2. Principal Pl	lace of Business	2a. Mailing	g Address				4.	FEI Number		ļ	olied For	
21		26						65-0567425			Applicable	
Suite, Apt.	#, etc.	Suite,	Apt. #, etc.				5.	Certifcate of Status Desired		\$8.75 A Fee Re		
City & State	e	City-&	State-				-6 :	Election Campaign Financing	~~	\$5.00	May Be	
23		28						Trust Fund Contribution		Added to	Fees	
Zip	Country	Zip		Cou	intry		8.	This corporation owes the curr	ent year Inta		-6.	
24	25	29		30	,		بل	Personal Property Tax.			No	
	9. Name and Address of C	urrent Registered A	gent		81 1	Name	10.	Name and Address of New I	kegistered_/	Agent		
POG	ERS, NORMAN				' '	Name			_			
	N.W. 8TH STREET				82	Street Addre	ess (F	P.O. Box Number is Not Accept	able)			
	ONUT CREEK FL 33066											
	ONOT CHEEK TE 33000				83							
					84	City			FL	85 Zip C	ode	
office or re	to the provisions of Sections 60 egistered agent, or both, in the m familiar with, and accept the	State of Florida, Such	o change was a	uthonzed	i by the	e corporation	n's b	oard of directors. I hereby acce	ot the appoir	ntment as reg	jistered	
SIGNATURE	Signature, typed or printed name of register	ered agent and title if applicable	e. (NOTE			ignature required			DATE			 €
SIGNATURE		red agent and title if applicabl				ignature required		reinstating) ADDITIONS/CHANGES TO OF				1/98)
				; Registered	l Agent si	ignature required				D DIRECTO	RS IN 12	(11/98)
12.	D ROGERS, NORMAN		3	Registered	Agent si	gnature required						34 (11/98)
12.	D ROGERS, NORMAN 4141 N.W. 8TH ST.	RS AND DIRECTORS	3	13. 1.1 TiT	Agent si							2E034 (11/98)
12. TITLE NAME	D ROGERS, NORMAN	RS AND DIRECTORS	DELETE	13. 1.1 TIT 1.2 NA 1.3 ST 1.4 CR	TLE AME TREET AU	DORESS				Change	☐ Addition	CR2E034 (11/98)
12. TITLE NAME STREET ADDRESS	D ROGERS, NORMAN 4141 N.W. 8TH ST.	RS AND DIRECTORS	3	13. 1.1 TIT 1.2 NA 1.3 ST 1.4 CR	TLE AME TREET AU TY-ST-Z	DORESS						CR2E034 (11/98)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROGERS, NORMAN 4141 N.W. 8TH ST.	RS AND DIRECTORS	DELETE	13. 1.1 TIT 1.2 NA 1.3 ST 1.4 CM 2.1 TIT 2.2 NA	TLE AME TY-ST-Z TLE AME	DORESS UP				Change	☐ Addition	CR2E034 (11/98)
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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 true e empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 15 if changed or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP