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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # P96000077102

Pri	ncr	pal Plac	ce of B	us	iness
991	S.	STATE	ROAD	7.	#E4
				_	

1. Corporation Name

## **FILED** Mar 04, 1999 8:00 am Secretary of State 03-04-1999 90184 027 \*\*\*150.00

BHEEZE	WAY ENTERPHISES, INC.										
Principal Place	e of Business	Mailing Address				-				00HU ((01 )00)	
991 S. STATE I	ROAD 7. #E4	4260 S.W. 19TH ST. FT. LAUDERDALE FL 333	17							•	
							DO NOT WRI		SPACE	<del></del>	ı
						1 -	e Incorporated or Qualifed <b>/16/1996</b>			!	1
2 Principal P	lace of Business	2a. Mailing Address				Number	,	T A	pplied For	ĺ	
21		26			65	-0699506		N.	ot Applicable	ĺ	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.						\$8.75	Additional	Ì	
22		27	<del></del>			5. Cer	tifcate of Status Desired		Fee R	equired	L
City & Stat	e	City & State				6. Elec	ction Campaign Financing		\$5.00	May Be	-
23		28				Trus	st Fund Contribution		Added	to Fees	
Zip	Country	Zip		ıntry			s corporation owes the cur	rent year Int		Γ	
24	25	29	30	,			sonal Property Tax.	DI-toured	Yes	□No	ł
	9. Name and Address of Currer	nt Registered Agent		81	Name	10. Nai	me and Address of New	Registerea	Agent		
OLL	ENDICK, LESLIE			•	Name						
	S.W. 20TH STREET			82	Street Add	ress (P.O. I	Box Number is Not Accept	able)			
	T LAUDERDALE FL 33317			83			<del></del>				1
1011	CAODENDALE 1 E 00017			03							
				84	City			FL	85 Zip	Code	
44 Ourquent	to the provisions of Sections 607.050	22 and 607 1508. Florida Stati	ites the	hove	e-named corr	oration sub	omits this statement for the	nurnose of	changing it	s registered	ì
office or r	agistored agent or both in the State	of Florida, Such change was	authorize	d bv	the corporate	on's board	of directors. I hereby acce	pt the appoi	ntment as re	∍gistered	
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505, Fi	ionda Sta	tutes.	•						
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOT	E: Registere	Agen	t signature require	d when reinsta	ting)	DATE			١,
12.	<del> </del>	ND DIRECTORS	13.				ITIONS/CHANGES TO OF	FICERS AN	ID DIRECTO	ORS IN 12	] }
TITLE	D	☐ DELETE	1,1 T	ITLE					☐ Change	☐ Addition	}
NAME	OLLENDICK, LESLIE		1.2 N	AME							;
STREET ADDRESS	ACL O OTLETT BOAR T ATL		1.3 \$	TREET	ADDRESS						ľ
CITY-ST-ZIP	PLANTATION FL 33317-4534		1.4 0	(TY-S1	r-ZIP						] }
TITLE		☐ DELETE	2.1 T	ITLE					Change	☐ Addition	ļ '
NAME			2.2 N	AME							1
STREET ADDRESS			2.3 9	TREET	ADDRESS						Ì
CITY-ST-ZIP			2.41	CITY-S	T-ZIP		<del> </del>				<u>.</u>
TITLE		DELETE	~~``3.1 T	TLE ~	- ~	J- •.		7.*	Change	Addition	
NAME			3.2 M	IAME	}		•				ł
STREET ADDRESS							•				
CITY-ST-ZIP			3.3 S	TREET	ADDRESS		•				
TITLE			3.4. (	CITY-\$	1		•		Chance	T 8 dalikina	
NAME		☐ DELETE		CITY-\$	1				Change	Addition	
STREET ADDRESS		☐ DELETE	3.4. ( 4.1 T	CITY-\$	1		•		Change	Addition	_
l .		☐ DELETE	3.4. ( 4.1 T 4. 2 I 4.3 S	CITY-S ITLE NAME TREET	T-ZIP				Change	Addition	
CITY-ST-ZIP			3.4.6 4.1 T 4. 2 I 4.3 S 4.4 C	DITY-S TILE NAME TREET DITY-S	T-ZIP		•				-
TITLE		DELETE	3.4.6 4.1 T 4.21 4.3 S 4.4 C 5.1 T	CITY-S ITLE VAME TREET CITY-S' ITLE	T-ZIP		•		☐ Change		1
TITLE NAME			3.4.6 4.1 T 4.2 I 4.3 S 4.4 C 5.1 T 5.2 N	CITY-S ITLE TREET CITY-S ITLE IAME	T-ZIP  T ADDRESS  T-ZIP		•				
TITLE			3.4.6 4.1 T 4.2 I 4.3 S 4.4 C 5.1 T 5.2 N 5.3 S	OTY-S TREET OTY-S TREET TAME TREET	T-ZIP  T ADDRESS T-ZIP  T ADDRESS						
NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	3.4.6 4.1 T 4.21 4.3 S 4.4 C 5.1 T 5.2 N 5.3 S 5.4 C	CITY-S ITLE TREET CITY-S ITLE LAME CITY-S CITY-S CITY-S	T-ZIP  T ADDRESS T-ZIP  T ADDRESS				Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			34.4 4.1 T 4.2 I 4.3 S 4.4 C 5.1 T 5.2 N 5.3 S 5.4 C 6.1 I	TITLE TAME TREET TITLE TAME TREET TREET TREET TITLE TITLE TITLE TITLE	T-ZIP  T ADDRESS T-ZIP  T ADDRESS		•			☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		☐ DELETE	3.4.4 4.17 4.21 4.38 4.4.0 5.11 5.2N 5.38 5.40 6.11	CITY-S TITLE TREET TITLE TREET CITY-S' TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE	T-ZIP  ADDRESS T-ZIP  FADORESS T-ZIP				Change	☐ Addition	-
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	3.4.4 4.17 4.21 4.38 4.4( 5.17 5.38 5.4( 6.17 6.21	CITY-S TITLE TREET TITLE TREET CITY-S' TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE	T-ZIP  T ADDRESS T-ZIP  T ADDRESS T-ZIP				Change	☐ Addition	4

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 an attachment with an address, with all other like empowered.

SIGNATURE: