

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Aug 13, 1999 8:00 am**  
**Secretary of State**

08-13-1999 90013 009 \*\*\*550.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000014232**  
 1. Corporation Name  
**1 UNDER ENTERPRISES, INC.**

Principal Place of Business 5115 BEACON ROAD PALMETTO FL 34221	Mailing Address 5115 BEACON ROAD PALMETTO FL 34221
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>02/13/1997</b>	
21		26		4. FEI Number <b>65-0734577</b>	Applied For Not Applicable
22. Suite, Apt. #, etc. <b>703 65th ST. CT. NW</b>		27. Suite, Apt. #, etc. <b>703 65th ST. CT. NW</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
23. City & State <b>BRADENTON FL</b>		28. City & State <b>BRADENTON, FL</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
24. Zip <b>34209</b>	25. Country	29. Zip <b>34209</b>	30. Country	8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**WILCOX, DAVID W ESQ.**  
**308 13TH STREET, WEST**  
**BRADENTON FL 34205**

**10. Name and Address of New Registered Agent**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
85 Zip Code	

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 office 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILCOX, DAVID W</b>	1.2 NAME	
STREET ADDRESS	<b>308 13TH STREET, WEST</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BRADENTON FL 34205</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RAWE, TERESA</b>	2.2 NAME	
STREET ADDRESS	<b>5115 BEACON ROAD</b>	2.3 STREET ADDRESS	<b>703 65th ST CT NW</b>
CITY-ST-ZIP	<b>PALMETTO FL 34221</b>	2.4 CITY-ST-ZIP	<b>BRADENTON, FL 34209</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RAWE, JAMES</b>	3.2 NAME	
STREET ADDRESS	<b>5115 BEACON ROAD</b>	3.3 STREET ADDRESS	<b>703 65th ST CT NW</b>
CITY-ST-ZIP	<b>PALMETTO FL 34221</b>	3.4 CITY-ST-ZIP	<b>BRADENTON FL 34209</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE:  **JAMES RAWE** Date: **8/10/99** Daytime Phone #: **941 747 3077**

CR2E034 (5/99)