Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90090 005 ***158.75

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 # P97000016627

1. Corporation Name

JDC ENI	TERPHISES, INC.						
Oringinal Place	of Business	Mailing Address				i a t st a ta dana antia	
Principal Place of Business Mailing Address 3725 S. OCEAN DRIVE 3725 S. OCEAN DRIVE							
SUITE 718 SUITE 718							
HOLLYWOOD FL 33019 HOLLYWOOD FL 33019					DO NOT WRITE IN TH	IS SPACE	
					Date Incorporated or Qualifed 02/21/1997		
Principal Place of Business 2a. Mailing Address					4. FEI Number	Apr	plied For
26					65-0731653	No	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27		├ ──			5. Certifcate of Status Desired	\$8.75 A Fee Re	
City & State City & State					6. Election Campaign Financing	\$5.00	May Be
28					Trust Fund Contribution	Added to	
Zip			Countr	у	8. This corporation owes the current year	Intangible	
24	25 29 30		3		Personal Property Tax.		□No
24	9. Name and Address of Curren	1	1		10. Name and Address of New Registere	d Agent	
			81	Name			
HEIDT, MICHAEL ESQ.				3 04	(D.O. Davidharta in Mat. Accordable)		
4000 HOLLYWOOD BLVD.			82	Street Addr	ess (P.O. Box Number is Not Acceptable)		I
SUITE 735 SOUTH			83	3	,		
HOLLYWOOD FL 33021							
			84	4 City	F	85 Zip C	Code
SIGNATURE	m familiar with, and accept the obligation of support o	at and title if applicable. (NOTE: Re	gistered Age	ont signature required			
12.			13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	PD	☐ DELETE	1.1 TITLE	İ		☐ Change	Addition
NAME			1.2 NAME				ĺ
STREET ADDRESS	3725 S. OCEAN DR., SUITE 718	3	1.3 STREE	ET ADDRESS			I
CITY-ST-ZIP	HOLLYWOOD FL 33019		1.4 CITY-3	ST-ZIP			
TITLE	_		2.1 TITLE			Change	☐ Addition
NAME			2.2 NAME			•	
STREET ADDRESS	3725 S. OCEAN DR., SUITE 718	3	2.3 STREE	ET ADDRESS			
CITY-ST-ZIP	HOLLYWOOD FL 33019		2, 4 CITY-	ST-ZIP		. 	
TITLE		☐ DELETE	3.1 TITLE			Change	☐ Addition
NAME		,	3.2 NAME				,
STREET ADDRESS		,	3.3 STREE	ET ADDRESS			İ
CITY-ST-ZIP			3.4. CITY-	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		-	Change	☐ Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	ET ADDRESS			
CITY-ST-ZIP			4.4 CITY-			-	
TITLE		☐ DELETE	5.1 TITLE			☐ Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	ET ADDRESS			1

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 of 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 ecceiver 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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954-458-8998

☐ Change

☐ Addition