Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90080 016 ***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 # DOCOCOO1242

1. Corporation	INTERPRISES, INC.	UUU 1342						
Principal Place of Business Mailing Address				_		- I HRAFFARN FIN HOURT FREE HEALT BREEF AND FILE		(
360 SKINNER BLVD. 360 SKINNER BLVD.								
DUNEDIN FL 34698 DUNEDIN FL 34698						DO NOT WOLTE IN TH	10 0DACE	
						DO NOT WRITE IN TH 3. Date Incorporated or Qualifed	15 SPACE	
						1 -		
3 Deinainal D	Mann of Business	2a. Mailing Address				01/05/1998 4. FEI Number	- 1	Applied For
<u> </u>						59-3490008	 	Not Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.				\$8.7	5 Additional
22 27						5. Certificate of Status Desired	Fee	Required
City & Stat	e	City & State				6. Election Campaign Financing	\$5.0	00_May.Be
23	28					Trust Fund Contribution	Add	ed to Fees
Zip	Country Zip Co			try		8. This corporation owes the current year		
24	25		30			Personal Property Tax.	Yes	DANO.
	9. Name and Address of Cur	ent Registered Agent		81	Name	10. Name and Address of New Registere	d Agent	
CAN	IEV DEVICOLV 1			۱"	Name			
Caney, Beverly 1. 360 Skinner Blvd.				82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
DUNEDIN FL 34698				83				
0011	ILDIIVI E GAGGO			00		<u></u> .		
,			[84	City	F	85 Z	ip Code
office or r agent. I a SIGNATURE	registered agent, or both, in the Sta m familiar with, and accept the obl Signature, typed or printed name of registered	ite of Florida. Such change was autigations of, Section 607.0505, Florid agent and title if applicable. (NOTE: R	thorized da Statut Registered A	tes.	he corporation		oonunen as	
12.		AND DIRECTORS	13.	_		ADDITIONS/CHANGES TO OFFICERS	AND DIREC	
TITLE	PSTD	· -		1.1 TITLE			Crian	gc
NAME	CANEY, BEVERLY L			1.2 NAME 1.3 STREET ADDRESS				
STREET ADDRESS	DUNERNA EL ALGO							
CITY-ST-ZIP TITLE	DONEDIN PL 34096	☐ DELETE	1.4 CITY 2.1 TITU		ZIP		Chan	nge [] Addition
NAME			2.2 NAN				_	• –
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP			2. 4 CIT					
TITLE		☐ DELETE	3.1 TITL				☐ Chan	ge Addition
NAME	· 		3.2 NAA	ΛĒ				
STREET ADDRESS			3.3 STR	REET	ADDRESS			ļ
CITY-ST-ZIP			3,4, CIT	Y-ST	r-zi <u>P</u>			
TITLE		☐ DELETE	4.1 TITL	E			☐ Chan	ige 🔲 Addition
NAME			4. 2 NA	ME				
STREET ADDRESS			4.3 STR	EET,	ADDRESS			ļ
CITY-ST-ZIP			4.4 CIT	Y-ST	- ZIP			
TITLE		☐ DELETE	5.1 T/TL				Chan	ige Addition
NAME			5.2 NAM				•	İ
STREET ADDRESS					ADDRESS			1
CITY-ST-ZIP		□ DELETE	5,4 CIT		-2119		☐ Chan	nge

6.4 CITY-ST-ZIP 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, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

NAME

STREET ADDRESS