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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # V02520

(7)

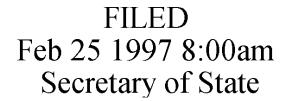
NAVARRE ENTERPRISES, INC.

Principal Place of Business

Mailing Address

B230 E BAY BLVD

8230 E BAY BLVD





NAVAREE FL 32566		NAVAREE FL 32566-9387	7					
					3. Date Incorporated or Qualified 12/24/1991	3a. Date 05/01		eport
2. Principal	Prace of Business	2a. Mailing Address			4. FEI Number		Ap	pplied For
			ne		59-3104015			ot Applicable
Suite, Apt #, etc. Suite, Apt #, etc. Nautanne, F1 Suite, Apt #, etc. 27					5. Certificate of Status Desired		\$8.75 A	Additional equired
City & Str 23	ite	City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 Added t	
Zip	Country	Zip	Country	/	8. This corporation has liability for i	ntangible ta:	x under s	. 199.032,
24] 32		asa 29	30			Yes 🔲		
	9. Name and Address of Cu	rrent Registered Agent	81	T 11	10. Name and Address of New Re	gistered Ag	ent	
VATTER, THOMAS H.				Name				
7252 ALBATROS DR			82	Street Ad	dress (P.O. Box Number is Not Acceptab	le)		
NA	VARRE FL 32566							
			83					
			84	City	***************************************	-	85 Zip (Code
44 (1	Landing and a Control of the Control	0000 4 007 4000 51 1 0		<u> </u>	rporation submits this statement for the p			
agent 1 SiGNATURE	em familiar with, and accept the o	bligations of, Section 607.0505, F	Florida Statute	S.	ation's board of directors. I hereby acceptured when reinstating)	DATE		5,000,000
12.	and a second contract of the c	AND DIRECTORS	13.	an a Briannie ied	ADDITIONS/CHANGES TO OFFIC		IRECTOR	S IN 12
THE	DP	DELETE	1.1 TITLE		ADDITIONAL TO OFFICE		Change	Addition
NAV:	BENCIVENGA, RANDY W.		1.2 NAME					
STREET ADDRESS	4444 TO TO 11 TO 1		1.3 STREE	ADDRESS				
CITY - \$1 - ZIP	NAVARRE FL		1.4 City-1					
TOLF	DST	DELETE	2.1 TITLE		DST		Change	Addition
NAME:	VATTER, THOMAS H.		2.2 NAME	ν	latter, Thomas H 1440 Home Port Warre Beach, Fl 325	• -		
STREET ADDRESS.	7252 ALBATROS DR		2.3 STREE	ADDRESS	1440 Home Port			
CITY - ST 289	NAVARRE FL		2. 4 City-	SI-ZIP	lovarre Beach, F1 325	266		
117.F		DELETE	3.1 TITLE	*· *;· · · · · ·			Change	Addition
NAME			3 2 NAME					
STREET ADDRESS			3.3 STREE	ADDRESS				
CITY - ST - ZIP			3.4 CITY-	ST-ZIP				
11FLF		DELETE	4.1 TITL€				Change	Addition
NAMe	1		4.2 NAME					
STREET ADDRESS			4.3 \$TREE	ADDRESS				
CITY 51 ZVP	L.		4.4 CITY - 5	T- ZIP				
189.F		☐ DELETE	5 1 TITLE				Change	Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET	ADDRESS				
CIEV ST-ZIP			5.4 CITY-5	į				
THEF		DELETE	8 1 TITLE				Change	Addition
H4MF			6.2 NAME				-	
STREET ADDRESS			63 STREET	ADDRESS				
00Y-S1-749			64 CITY - 5					
44	4		0.7 0/11-0					

I do hereby certry 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 inducated 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 trusted 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: