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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

ANN	UAL REPORT 1997	SC . 7.7	Secretary of State DIVISION OF CORPORATIONS			Secretary of State				
DOCU 1. Corporation	MENT # V509	18 (4)								
M. WEIN	MER ENTERPRISES, IN	C.								
Principal Place of Business		Mailing Address	*			1 10011 041001 07111 00110 10101 HOUR IN 11 11	UIBUI DIUK GABA DU	/(  <b>   </b>	11011 1061	
3933 DORAL DR TAMPA FL 33634 US		3933 DORAL DR TAMPA FL 33634-7400 US	TAMPA FL 33634-7400							
1						3. Date Incorporated or Qualified 07/15/1992	3a. Date of 04/05/1		eport	
···-	lace of Business	2a. Mailing Address				4. FEI Number		Ap	plied For	
Suite: Apt	# etc		Suite Apt #, etc.			65-0345728			t Applicable Additional	
22	n, etc.	27	ê ' '			5. Certificate of Status Desired	1 1 7	Fee Re		
Oity & Sta 23	te	City & State				Election Campaign Financing     Trust Fund Contribution		5.00 Added 1	May Be to Fees	
Ζιρ <b>24</b>	Country Zip Co			ntry						
24   25   29   30   9. Name and Address of Current Registered Agent						10. Name and Address of New Re				
BRU	JMM, KEITH F.			81	Name			-		
	O LAKE WORTH ROAD		82 Street Ad			ress (P.O. Box Number is Not Acceptat	ole)			
SUITE 209 SUITE 2 LAKE WORTH FL 33463				83						
LANE WORLD PL 33403					City	And the law of the law	Ta-	1 7. 7	20.00	
					,		FL 65		1	
office or agent 1	registered agent, or both, in the registered agent, or both, in the am familiar with, and accept the	07.0502 and 607.1508, Florida Statt e State of Florida. Such change was e obligations of, Section 607.0505, F	utes, the ai s authorize Florida Stal	d by tutes	3-named corpora the corpora 3.	poration submits this statement for the pation's board of directors. I hereby acception	ourpose of chainst the appointment	nging iti nent as	s registered registered	
	Signature Typicd or publish name of regis			d Age	m signature requ	uired when reinstating)	DATE			
12.				13.		ADDITIONS/CHANGES TO OFFIC		ECTOR Change	Addition	
NAME				AME						
STREET ADDRESS	3933 DORAL DR		1.3 \$1	TREET	ADDRESS				İ	
C(TY+ST-ZIP				HTY-ST-ZIP						
THILE	☐ DELETE 21				- 1		יט	Change	Addition	
NAME STREET ACORESS			22 N/ 23 S		ADDRESS					
011y - \$1 - 21k					ST · ZIP					
Tills	DELETE 31		3 1 TI	TLE				Change	Addition	
NAME			32 N							
STREET ADDRESS			- 6		ADDRESS ST-ZIP					
CHTY-ST ZIP		DELETE	4.1 Ti	_	31-21			Change	Addition	
NAME			4.2 N	AME						
STREET ADDRESS			4.3 ST	TREET	ADDRESS					
C(1y - S* - 710*		DELETE			ST - ZIP			Change	☐ Addition	
NAME		רו סגננונ	5.1 TI 5.2 No		Ì		٠ لــا	Change	LT AUGITOR	
STREET ADDRESS					ADDRESS				ļ	
CHY-ST-7/P					ST-ZIP					
THEF		DELETE	6 I TI					Change	☐ Addition	
NAME			62 N						ı	
STREET ADDRESS			1		ADDRESS					
COY+ST-ZIP	1		■ 6.4 C	11 Y - Ş	ST-ZIP					

14. I do 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.

**FILED** 

Apr 14 1997 8:00am