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

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

| ANNUAL REPORT 1997 | | | Secretary of State DIVISION OF CORPORATIONS | | | | Secretary of State | | | |
|--------------------------------|--|--|---|-------------------------|--------------|---|--|--|----------|------------------------|
| DOCU 1. Corporate | MENT # V(NTERPRISES, INC | | (9) | | ·***. | | | | | |
| IVAL | 111611111101011111 | V | | | | | | 1 3 11 516 1 5161) 5 131) | | H 1 46 1 |
| Principal Plac | e of Business | Mailın | ig Address | | | | | | | |
| 2812 B RECKE WINTER HAVEN | | | 2812 B RECKER HWY WINTER HAVEN FL 33880-1941 | | | | | | | |
| US | , 12 4000 | US | | | | | 3. Date Incorporated or Qualified 08/28/1992 | 3a. Date of L 03/26/19 | | oort |
| 2. Principal F | lace of Business | 2a. M. | ailing Address | | | | 4. FEI Number 59-3141983 | 00/20/10 | App | lied For Applicable |
| Suite, Apt. | #, etc | | iite. Apt. #, etc. | | | | 5. Certificate of Status Desired | | | ditional |
| City & Stat | te | | ty & State | | | | 6. Election Campaign Financing Trust Fund Contribution | \$5 | 5.00 N | lay Be |
| 23 Zip 24 | Coun 25 | | a | 30 Co | untry | *************************************** | B. This corporation has liability for i | | | |
| <u> </u> | Contracting the Company of the Contraction of the C | ress of Current Register | ed Agent | 1901 | | | 10. Name and Address of New Re | | | |
| KNA | PP, STEPHEN M. | | | | B1 | Name | | | | |
| | 7 S FLORIDA AVE | | | | 82 | Street Add | dress (P.O. Box Number is Not Acceptab | le) | | |
| LAKI | ELAND FL 33813 | | | | 83 | | | | | |
| | | | | | 83 | | | | | |
| | | | | | 84 | City | | FL 85 | Zip Co | ode |
| 11. Pursuant | to the provisions of Se | ctions 607.0502 and 607. | 1508, Florida Stati | ites, the a | pove | named cor | poration submits this statement for the p | | ing its | registered |
| office or agent. La | registered agent, or bo am familiar with, and ac | oth, in the State of Florida. | Such change was ection 607.0505. F | authorize Iorida Sta | d by | the corpora | poration submits this statement for the pation's board of directors. I hereby accept | t the appointme | nt as re | egistered |
| SIGNATURE | | · - | | | | | | | | |
| | | me of registered agent and title It ar OFFICERS AND DIRECTO | · | TE: Ragistere | d Ager | nt signature requ | uired when reinstating) ADDITIONS/CHANGES TO OFFICE | DATE | CTORE | IN 10 |
| 12. | 1 D | OFFICENS AND DIRECTO | DELETE | 1.1 1 | ITI F | | ADDITIONS/CHANGES TO OFFIC | Ch Ch | | Addition |
| NAME | AMMANNATI, PAU | L | | 1.2 N | | | | <u> </u> | | |
| STHEET ADDRESS | 2812 B RECKER H | | | 1.3 S | TREET | ADDRESS | | | | |
| CITY - ST - ZIP | WINTER HAVEN F | L | | 1.40 | ITY-ST | -ZIP | | | | |
| TITLE | D | | DELETE | 2.1 T | ITLE | | | ☐ Ch | ange | ☐ Addition |
| NAME | AMMANNATI, JULI | | | 2.2 N | IAME | | | | | |
| STREET ADDRESS | 2812 B RECKER I | | | 2.3 \$ | TREET | ADDRESS | | | | |
| CITY - ST - 7IP | WINTER HAVEN F | L | - I ocurs | | CITY-5 | T-ZIP | | | | T A LEG |
| TITLE | 1 | | DELETE | 3.17 | | 1 | | L_J Ch | ange | Addition |
| NAME CANALL ASSESSED | | | | 3.2 N | | ACODOCCO. | | | | |
| STREET ADDRESS CITY+ST- ZIP | | | | | CITY-S | ADDRESS T. 71P | | | | |
| 7/11/2 | ····· | | DELETE | 4.1 7 | | 1-2IF | | ☐ Ch | ange | Addition |
| NAME | | | | | NAME | | | • | | |
| STREET ADDRESS | | | | 4.3 S | THEET | Address | | | | |
| CBY-51 20 | | | | 4.4 0 | ity-st | -ZIP | | | | |
| TiffE | | | DELETE | 5.1 (| ITLE | | | ☐ Ch | ange | Addition |
| NAME | ļ | | | | AME | | | | | |
| STREET ADDRESS | l | | • | | | ADDRESS | | | | |
| CUTY - \$1 - ZIP | | | DELETE | | ITY - ST | -ZIP | | □ Ch | 2000 | Addition |
| TITLE | | | בין הנרגוג | 6.11 | | | • | LJ UN | ange | T YOUROU |
| NAME STREET ADORESS | | | | • | AME TOCKT | ADDRESS | | | | |
| OTHER FRANCESS |] | | | 0.3 5 | INCELL | ADDRESS | | | | |

6.4 CITY-ST-ZIP

14. I do hereby certify that the information subplied 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 armual 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 this reject 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 chapters or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

FILED

Apr 09 1997 8:00am