

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

FILED
May 27 1997 8:00am
Secretary of State

PROPIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K59153**

1. Corporation Name

CORPORATE ENTERPRISES INC.

Principal Place of Business

Mailing Address

**4100 CORPORATE SQUARE
NAPLES, FL**

34104

SAME

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29 **34104**

30

3. Date Incorporated or Qualified
1/18/1989

3a. Date of Last Report
5/1/1996

4. FEI Number
65-0093088

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DYNICE CHERYL

**4100 CORPORATE SQUARE
NAPLES, FL**

34104

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Cheryl L. Dynice

CHERYL L. DYNICE

4-18-97

(NOTE: Registered Agent's signature is required when re-stating)

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **AMRHEIN ADOLF**
STREET ADDRESS **4100 CORPORATE SQUARE**
CITY-ST-ZIP **NAPLES, FL 34104**

TITLE **JP** ☐ DELETE
NAME **AMRHEIN KARL**
STREET ADDRESS **4100 CORPORATE SQUARE**
CITY-ST-ZIP **NAPLES, FL 34104**

TITLE **DT** ☐ DELETE
NAME **DYNICE CHERYL**
STREET ADDRESS **4100 CORPORATE SQUARE**
CITY-ST-ZIP **NAPLES, FL 34104**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

5/27/97

900002203239

-06/05/97--01104--014

*****173.75**

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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.

SIGNATURE:

Cheryl L. Dynice
SIGNATURE AND FULL OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHERYL L. DYNICE

4-18-97

941-643-6444

CR2E034 (9/96)