FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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4/11/96 954-561-133/

1996

DOCUMENT # 214712

(2)

1. Corporation Name

SIGNATURE:

B 1 ENTERPRISES INC

Principal Place of Business Mailing Address WECK SUS N. FEDERAL HIGHWAY #7 FT. LAUDERDALE FL 33306 FT. LAUDERDALE FL 33406 FT. LAUDERDALE FL 33406					I NOME HOLD MAN STAR HOLD MAN BLOW BLOW BLOW BLOW BLOW BLOW BLOW			
FI. DAUDENDALE FE SSAU			EE 1 E 00000		3. Date Incorporated or Qualified 3a. Date of 08/15/1958 04/1		Last Report	
2. Principal Plac	ce of Business	2a. Mailing Addre	988		4. FEI Number		•	pplied For
1		26	i]		59-6072674 Not A			lot Applicable
Suite, Apt. #, etc. Suite, Apt		Suite, Apt #,	ipt #, etc.		5. Certificate of Status Desired	\$		Additional
22		27			1			Required
City & State		City & Stale			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country	28 Ziçi	Count	rv	8. This corporation has liability for it	ntangibie tax u		
4	25	29	30	,	Florida Statutes 🔲 Yes			
<u> </u>	9. Name and Address of Cur				10. Name and Address of New R	egistered Age	nt	
	74.57		8	1 Name				
WECK, P.	ATRICIA L.		8	2 Street Add	ress (P.O. Box Number is Not Acceptable	le)		
3045 N. FEDERAL HWY #7			<u>_</u>					
FT. LAUD	DERDALE FL 33306		8	13				
			8	14 City		FL	35 Zip	Code
		00 10024500 (1241	- Ct-1 translation		ration submits this statement for the pur		no ite re	agistored offic
SIGNATURE	i, and accept the obligations of S		NOTE BUJERE LA	gent Sgrather how a	TWG ক্রম্মু ADD:TIONS/CHANGES TO OFF	DATE	RECTO	RS IN 12
12.	PD	AND DIRECTORS	13. EDE 1 1 TITI		ABBITIONS CHANGES TO GIT		Change	Add tion
TITLE	WECK, PATRICIA L.		1.2 NAV					
NAME STREET AUDRESS	3045 N. FEDERAL HWY.	1 7		EET ADDRESS				
CITY-ST-ZIP	FORT LAUDERDALE FL	•		(-ST-ZIP				
TITLE	7 7771 2 100 21 101 101 101	DEL					Change	Addition
NAME			2.2 NAM	ne i				
STREET ADDRESS			23.5!8	LET ADDRESS				
C:TY-ST-ZIP			2.4 001	í - \$1 - ZIF				
TITLE		☐ DEL	ETE anni	LE		'	Change	Addition
NAME			3.2 NAA					
STREET ADDRESS				KEET ADDRESS				
CITY - ST - ZIP				r - ST - 7 ^(F)			Change	Addition
TITLE		☐ DEt.		ĺ			z.iu.·go	
NAME			4.2 NAS	EFT ADDRESS				
STREET ADDRESS				Y - \$T - ZIP				
CHTY - ST - ZIP THTLE		DFL					Change	☐ Addition
NAME		t	5.2 NA	1		_		
STREET ADDRESS				EET ADDRESS				
CITY-ST-ZIP				Y - ST - 7iF'				
TITLE		DEC					Change	Addition
NAME			6.2 NA	ME				
STREET ADDRESS			63.STF	IEE! ADDRESS				
CITY-ST-ZIP			6.4 CIT	Y-ST ZIP				
certify that	utuu afamataa indaalad oo ta'e s	annual report or suppleme proporation of the receiver	ental annual report is or trustee empowen	iture and accur	for the exemption stated in Section 119 rate and that my signature shall have the nis report as required by Chapter 607, Fi	Same legal co	DCL do II	i inaut unum

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
PATRICIA L. WECK