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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90023 045 ***150.00

1. Corporatio	MENT # 295363 D ENTERPRISES, INC.	- 40				.,					
CANEAR	D ENTERN MODEL, MO.					 					
Principal Plac	e of Business	Mailing Add	ressi		**	$\neg \neg$		1188 1118 81181			
513 LAKE BLU		513 LAKE BL	UE DRIVE				•			•	
P.O.BOX 1594	,	P.O.BOX 159	4			ļ	DO I	NOT WRITE	IN THIS	SBÁCE	
LAKE PLACID	FL 33852	LAKE PLACID) FL 33852				3. Date Incorporated or		IN INIO	SPACE_	
,							07/28/1965	Qualifed		•	
2 Onlanda - 1 D	loss of Dusiness	2a. Mailing A	Addrage				4. FEI Number			Ar	plied For -
Z. Principal P	lace of Business	26					59-1279724				t Applicable
Suite, Apt.	# etc	Suite, Ap	ot. #. etc.								Additional
22	<i>n</i> , oto.	27	, •,				5. Certifcate of Status I	esired		Fee Re	
City & Stat	6	City & S	tate	_			6. Election Campaign F	inancing		\$5.00	May Be
23		28					Trust Fund Contribut	_			to Fees
Zip	Country	Zip		Count	ry		8. This corporation owe	s the currer	t year Inta	ıngible	_
24	25	29	[30			Personal Property Ta			Yes	□No
	9. Name and Address of Current	t Registered Age	ent				10. Name and Address	of New Re	gistered /	Agent	
	WEODS BOREST !!			8	1 Name	е					
	WFORD, ROBERT W.	•		8	2 Stree	t Addres	s (P.O. Box Number is N	ot Acceptab	le)		
	5 EAST BROWARD BLVD.										
til	AUDERDALE FL 33301			8	3						
				<u> </u>		_				DE 7in	Code
				8	4 City			•		85 Zip	
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508,	Florida Statute		, ,	d corpor	ation submits this stateme	nt for the p	FL urpose of	changing its	registered
office or i	to the provisions of Sections 607.0502 egistered agent, or both, in the State of an familiar with, and accept the obligat	of Florida. Such of tions of, Section 6	change was au 307.0505, Flori	s, the abo thorized b da Statute	eve-name by the cores.	poration	s board of directors. I her	ent for the preby accept	urpose of the appoir	changing its	registered
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- CITY-ST-ZIP 14. I 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS