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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Apr 11 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 338164

(7)

1. Corporation	E ENTERPRISES INC	(*)							
Principal Place of Business Mailing Address							BADA DIDA DIDA GIDA GIDA) (0	
13500 US 19 N 13500 US 19 N CLEARWATER FL 34624 CLEARWATER FL 34624-72			/230						
. 6: -!10					·	3. Date Incorporated or Qualified 11/26/1968	3a. Date of La 04/16/199	6	
· ·	hace of Business	2a, Mailing Address				4. FEI Number 59-1226704	 	Applied For	
Suite, Apt	#. etc	Suite, Apt. #, etc.				39-1220704	\$8.7	Not Applicab 75 Additional	ne .
22		27				5. Certificate of Status Desired		e Required	
City & State	е	City & State			 	6. Election Campaign Financing	\$ 5.	00 May Be	_
23		28				Trust Fund Contribution		ded to Fees	
Zφ	Country	Zip	Cour	ntry		8. This corporation has liability for		ler s. 199.032,	
24	25 g. Name and Address of Current	29 Registered Agent	30			Florida Statutes 10. Name and Address of New Re	Yes No		
MON		Tiogratorou rigotti		B1	Name	IO, Traine and reduces of their no	Ristolat Walli		_
	NROE, EDWIN P III DO US 19 N],						
	ARWATER, FL			82	Street Addre	ess (P.O. Box Number is Not Acceptab	le)		
3462	•		ļ	83			······································		_
	to the second of	e de la companya del companya de la companya de la companya del companya de la co	*	84	City		FL 85	Zip Code	
11, Fursuant to office or nagent La	to the provisions of Sections 607.0502 registered agent, or both, in the State can familiar with, and accept the obligations.	and 607.1508, Florida Statu of Florida. Such change was tions of, Section 607.0505, f	ites, the ab authorized lorida Stati	ove by utes.	-named corporation	oration submits this statement for the pon's board of directors. I hereby accept		ng its registere It as registered	đ
SIGNATURE.	Signature, typed or printed name of registered agen	· · · · · · · · · · · · · · · · · · ·	ort Coniciana	Agen	A cionali va saa jira	ed when reinstating)	DATE		_
12.	OFFICERS AND	<u></u>	13.	y Man	it signature require	ADDITIONS/CHANGES TO OFFICE		TORS IN 12	_
TITLE	STD	☐ DELETE	1,1 TITLE		····	110011101010111110001001111	Chai		on
NAME	VAUGHN, FERRELL		1.2 NA	ME					
STREET ADDRESS	2271 KEYSTONE RD		1.3 ST	REET A	NDDRESS				
CITY-ST-7IP	TARPON SPRINGS, FL 00000		1.4 CiT	Y-\$1	- ZIP				
TiTLE	PD	DELETE	2.1 TIT	LE			Char	nge 🛄 Additio	חנ
KAME	MONROE, EDWIN P NI		2.2 NA	2.2 NAME					
STREET ADDRESS	14280 SIESTA RD		2.3 STREE						
CITY-S1-ZIP	LARGO FL	DELETE	2.4 CI		r-ZIP		П объ	Addition	
THILE	VD Van Gelder, Larry W	LJ UELETE	3.1 161				∟ Char	nge Additio	JD.
NAME STREET ADDRESS			3.2 NA		address				
CITY-ST-ZIP	ST. PETERSBURG FL		3.4. CI						
TIME		☐ DELETE	4.1 TiT		I ~ ZIF		☐ Char	nge Additio	on
NAME			4. 2 NA				_	• –	
STREET ACORESS					ADDRESS .				
CHY-SI-7IP	1		4.4 CIT	Y-ST	- ZIP				
TITLE		DELETE	5.1 TIT	LE			☐ Char	nge 🔲 Additio	nc
NAME			5.2 NA	ME					
STREET ADDRESS			5.3 ST	REET A	ADDRESS				
CITY - ST - ZIP			5.4 CIT	Y-ST-	- ZIP				
TITLE		DELETE	6.1 TIT				L. Char	nge 🔲 Additio	nc
NAME			6.2 NA						
STREET ADDRESS					ADORESS				
14. I do heret	L	with this filing does not gue	6.4 CIT			in Section 119.07(3)(i), Florida Statute	s. I further certify:	that the	
informatio Lam an of	on indicated on this annual report or su	applemental annual report is the receiver or trustee empo	true and a wered to e	ccur	ate and that	my signature shall have the same lega as required by Chapter 607, Florida S	l effect as if made	a under oath: th	nat

E.P. MONROE, and