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

PROFIT CORPORATION ANNUAL REPORT 2000

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
00 APR 27 PM 4:39
SECRETARY OF STATE
[redacted]

DOCUMENT # 343663

Corporation Name
ENTERPRISES, INC.

Principal Place of Business
220 NE 12TH AVENUE
HOMESTEAD FL 33030

Mailing Address
~~220 NE 12TH AVENUE~~
HOMESTEAD FL 33030

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/14/1969

4. FEI Number
59-1289438
[ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired [X] $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] $5.00 May Be Added To Fees

8. This corporation owes the current year intangible Personal Property Tax [ ] Yes [ ] No

Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country
25

2a. Mailing Address
26 18465 SW 295 TERRACE
Suite, Apt. #, etc.
27
City & State
28 HOMESTEAD, FL.
Zip
29 33030
Country
30 MIAMI-DADE

9. Name and Address of Current Registered Agent
ASHLING, GRETHEL T.
220 NE 12TH AVENUE
HOMESTEAD FL 33030

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when name change) Date

OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
VD ZINKER, DEBORAH 1591NW 17TH ST HOMESTEAD FL [ ] DELETE	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY ST ZIP [ ] Change [ ] Addition 600003247556--2 -05/11/00--01014--013 ****158.75 ****158.75
PD ASHLING,GRETHEL T. ~~220 NE 12 AVE OFFICE~~ ~~HOMESTEAD FL~~ [ ] DELETE	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 18465 S.W. 295 TERRACE HOMESTEAD, FL. 33030
STD MOSESSO, KIMBERLY 18465 SW 295 TERRACE HOMESTEAD FL [ ] DELETE	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY ST-ZIP [ ] Change [ ] Addition
[ ] DELETE	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP [ ] Change [ ] Addition
[ ] DELETE	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP [ ] Change [ ] Addition
[ ] DELETE	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP [ ] Change [ ] Addition SP

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.