

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

FILED  
May 15 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **367256** (5)  
1. Corporation Name  
**ENTERPRISES INTERNATIONAL, INC.**



Principal Place of Business <b>1384 HERITAGE ACRES BOULEVARD SUITE A ROCKLEDGE FL 32955 US</b>	Mailing Address <b>1384 HERITAGE ACRES BOULEVARD SUITE A ROCKLEDGE FL 32955 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>07/20/1970</b>	
				4. FEI Number <b>59-1354030</b>	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>BAR-NAVON, HAIM 1384 HERITAGE ACRES BLVD #A ROCKLEDGE FL 32955</b>				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	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PTD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BAR-NAVON, HAIM			1.2 NAME			
STREET ADDRESS	1384 HERITAGE ACRES BLVD #A			1.3 STREET ADDRESS			
CITY-ST-ZIP	ROCKLEDGE FL 32955			1.4 CITY-ST-ZIP			
TITLE	VSD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BAR-NAVON, ZIVA			2.2 NAME			
STREET ADDRESS	1384 HERITAGE ACRES BLVD #A			2.3 STREET ADDRESS			
CITY-ST-ZIP	ROCKLEDGE FL 32955			2.4 CITY-ST-ZIP			
TITLE	VASD	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BAR-NAVON, BOAZ			3.2 NAME			
STREET ADDRESS	1384 HERITAGE ACRES BLVD #A			3.3 STREET ADDRESS			
CITY-ST-ZIP	ROCKLEDGE FL 32955			3.4 CITY-ST-ZIP			
TITLE	DV	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BAR-NAVON, YOAV			4.2 NAME			
STREET ADDRESS	1384 HERITAGE ACRES BLVD #A			4.3 STREET ADDRESS			
CITY-ST-ZIP	ROCKLEDGE FL 32955			4.4 CITY-ST-ZIP			
TITLE	DV	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BARNAVON, EREZ			5.2 NAME			
STREET ADDRESS	1384 HERITAGE ACRES BLVD #A			5.3 STREET ADDRESS			
CITY-ST-ZIP	ROCKLEDGE FL 32955			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 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.

SIGNATURE \_\_\_\_\_ DATE **4/22/98** **140216363432**

CR2E034 (10/97)