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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

ii Co parano	MENT # 447101 NTERPRISES, INC.	(7)					
Principal Place of Business Mailing Address) 0/6/ 1 3/0/ 1 4/0 /1 0/0 /1 0/	BA DIDIL ABDI
3521 PINETREE RD ORLANDO FL 32804		3521 PINETREE RD ORLANDO FL 32804-2900					
US	••••	US			3. Date Incorporated or Qualified	3a. Date of Last	Report
					03/04/1974	06/13/1996	
2. Principal Place of Business 28. Mailing Address			L+1	4. FEI Number		Applied For	
26 26			Suite, Apt. #, etc.		59-1533076	Not Applicable \$8.75 Additional	
Suite, Apt. #, etc Suite, Apt. #, e					5. Certificate of Status Desired		Additional Required
City & Stat	lo	City & State			6. Election Campaign Financing	····	O May Be
23		28			Trust Fund Contribution		d to Fees
Ζφ	Country	Zip	Coun	try	8. This corporation has liability for	intangible tax under Yes No	rs. 199.032,
24	25 9. Name and Address of Curre	29 nt Realstered Agent	30		Florida Statutes 10. Name and Address of New Re		
352	EATWOOD, DIANE BASS 1 PINETREE RD. .ANDO FL 32804			Name Street Add City	iress (P.O. Box Number is Not Acceptal		p Code
office or agent. I a SIGNATURE.	Signature, lypes or printed name of registered ag	ent and the Happlicable (NO			poration submits this statement for the particular of directors. I hereby accelling when reinstaling. ADDITIONS/CHANGES TO OFFICE.	DATE	
INTLE	P	OFFICERS AND DIRECTORS DELETE		E	ADDITIONS/OFFANGES TO OFFI	Change	
NAME STREET ADDRESS	Greatwood, diane bass 3521 Pinetree RD.		1.2 NAM 1.3 STR	AE EET ADORESS			
CiTY - ST - ZiP	ORLANDO FL			r-ST-ZIP		Chano	e Addition
THLE NAME STREET ADDRESS			2.1 TITE 2.2 NAM	ì		County	e [Abdition]
CITY-SI-7IP				Y-ST-ZIP			į.
TITLE		DELETE	3.1 TITL			Chang	e Addition
NAME STREET ADDRESS				EET ADDRESS			
CITY-ST-ZIP TITLE		☐ DELETE	3.4. CIT	Y-ST-ZIP		☐ Chang	e
NAME			4.1 MA	ſ		السام المالي	e L Addition
STREET ADDRESS				EET ADDRESS			
CITY - S1 - 74P			4.4 CIT	(-ST-ZIP			
THLE		DELETE	5.1 TIT1	E		Chang	e 🔲 Addition
NAME			5.2 NAM	1			1
STREET ADDRESS			i i	EET ADDRESS			
DITY-ST 70°		☐ DELETE	5.4 CIT	r-ST-ZIP		Chang	e Addition
NAME			6.1 HIL			First Current	- Monthou
STREET ADDRESS				EET ADDRESS			1
CHY-S1-7IP				(-ST-ZIP			
					····		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Ftorida 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:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-97

407-426-7707

FILED

Apr 08 1997 8:00am

Secretary of State