COF	PROFIT RPORATION JAL REPORT <b>1997</b>	F		B. Morth ary of State	<b>am</b> 9	Jan 31 Secret			
ROBB-LI	MENT # 49253 Name EW ENTERPRISES, INC.		(8)						
Principal Place of Business 010 W. WATERS AVENUE AMPA FL 33614		Mailing Address 4010 W. WATERS AVENUE TAMPA FL 33614-1984				E LUDHI KINK INKU KUNU KUNU KUNU KUNU KUNU KUN			
						<ol> <li>Date Incorporated or Qualified 12/15/1975</li> </ol>	d <b>3a</b> . Date o 03/29/1		eport
2. Principal Place of Business     3     Suite, Apt #, etc 2		2a. Mailing Address 26				4. FEI Number 59-1875056		Applied For Not Applicable	
		Suite	Suite, Apt. #, etc.			38*10/3000       Not Applica         5. Certificate of Status Desired       \$8.75 Additional         Fee Required       Fee Required			Additional
City & Stat	e		State			6. Election Campaign Financing		\$5.00	May Be
 Zip 	Country 25	28 Zip 29		Cou 30	ntry	Trust Fund Contribution 8. This corporation has liability for Florida Statutes			
	9. Name and Address of Cur AFI, ROBERT J	rrent Registered /	Agent		B1 Name	10. Name and Address of New I	Registered Age	nt	
4202	2 HOLLOWTRAIL DR.		82 Street Ad		dress (P.O. Box Number is Not Acceptable)				
TAM	PA FL 33624				83				····· · · · · · ·
					00				
					84 City			S Zip (	Code
<ol> <li>Pursuant office or r agent. La</li> </ol>	to the provisions of 91-ctions 607 ( registered agon) or both, in the St im familier with and tagong the ob	0502 and 607.150 at of Florida Suc Mations of Section		ites, the at authorized lorida State	84 City	poration submits this statement for the action's board of directors. I hereby acc	FLI		
office or r	to the provisions of 91 ctions 607 ( egistereoragon) or with, in the St m familie with an discoupl the of Signature types of canico nume of registereo	ABGAT ()	. Arso	ites, the at authorized lorida State	84 City pove-named cor by the corpora utes.	poration submits this statement for the ation's board of directors. I hereby acc	FLI		
office or i agent. La	Signative: type of tented name of registered OFFICERS	ABGAT ()	. Arso	Ites, the at authorized forida Stati F-1 IE: Registered 13.	84 City sove-named cor d by the corpora utes. Agent signature requ	1-27-9	PL e purpose of cha cept the appointr Date FICERS AND DIR	inging its nent as	s registered registered S IN 12
office or e agent. La IGNATURE 2. TLE	Signative type of context nume of registered OFFICE RS . V CRISAFI, ROBERT J	BGNT ()	ble (NO	Ites, the ab authorized lorida Statu FE: Registered 13. 1.1 TIT 1.2 NA	84 City ove-named cor I by the corpora ites. Agent signature requi	kred when reinstaling)	PL e purpose of cha cept the appointr Date FICERS AND DIR	nging it: nent as	s registered registered S IN 12
office or e agent. La IGNATURE 2.	Signature by Professional of registered OFFICE RS. V CRISAFI, ROBERT J 4202 HOLLOWTRAIL DR	BGNT ()	ble (NO	Ites, the at authorized lorida Stati TE: Registered 13. 1.1 TII 1.2 NA 1.3 ST	84 City pove-named cor I by the corpora- ites. Agent signature requires. LE ME REET ADDRESS	kred when reinstaling)	PL e purpose of cha cept the appointr Date FICERS AND DIR	inging its nent as	s registered registered
office or r agont. I a IGNATURE L ILE ME ARE I ADDRESS IY-ST-ZIP ILE	Signature type of Endled Funded Funded Funded OFFICE.RS. V CRISAFI, ROBERT J 4202 HOLLOWTRAIL DR TAMPA, FL 00000 P	BGNT ()	ble (NO	Ites, the at authorized lorida Stati IE: Registered 13. 1.1 TII 1.2 NA 1.3 ST 1.4 CII 2.1 TII	84 City sove-named cor 1 by the corpora- tes. Agent signature requi- LE ME REET ADDRESS (Y-ST-ZIP LE	kred when reinstaling)	PL e purpose of cha sept the appointr Date FICERS AND DIR	inging its nent as	s registered registered S IN 12
office or r agont. I a IGNATURE L ILE IME ARET ADDRESS IY-ST-ZIF ILE ME	Signature type of Endled Funded Funded Funded OFFICE.RS. V CRISAFI, ROBERT J 4202 HOLLOWTRAIL DR TAMPA, FL 00000	BGNT ()		Ites, the at authorized lorida Stati IE: Registered 13. 1.1 TIT 1.2 NA 1.3 ST 1.4 CIT 2.1 TIT 2.2 NA	84 City sove-named cor 1 by the corpora- tes. Agent signature requi- LE ME REET ADDRESS (Y-ST-ZIP LE	kred when reinstaling)	PL e purpose of cha sept the appointr Date FICERS AND DIR	Inging its nent as IECTOR Change	s registered registered S IN 12
office or a agont. 1 a IGNATURE ILE ILE INE IY-ST-ZIP ILE IME REET AUDRESS IY-ST-ZIP	Signature type of contra turne of registered OFFICE.RS. V CRISAFI, ROBERT J 4202 HOLLOWTRAIL DR TAMPA, FL 00000 P CRISAFI, CAROL	BGNT ()		rtes, the at authorized forida Stati TE: Registered 13. 1.1 TIT 1.2 NA 1.3 ST 1.4 CIT 2.1 TIT 2.2 NA 2.3 ST 2.4 CI	84 City sove-named cor I by the corpora- ites. Agent signature requi- LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP	kred when reinstaling)	PL e purpose of cha cept the appointr Date FICERS AND DIR	nging it nent as ECTOR Change	s registered registered S IN 12 Addition
office or a agont. 1 a IGNATURE ILE ILE ILE ILE ILE ILE ILE ILE ILE IL	Signature type of control number of registered OFFICE.RS. V CRISAFI, ROBERT J 4202 HOLLOWTRAIL DR TAMPA, FL 00000 P CRISAFI, CAROL 4202 HOLLOWTRAIL DR	BGNT ()		rtes, the at authorized lorida Stati TE: Registered 13. 1.1 TIT 1.2 NA 1.3 ST 1.4 CIT 2.1 TIT 2.2 NA 2.3 ST	B4 City Sove-named cor     Joy the corpora     Joy the corpor	kred when reinstaling)	PL e purpose of cha cept the appointr Date FICERS AND DIR	Inging its nent as IECTOR Change	s registered registered S IN 12
office or a agont. 1 a ignature ignature ignature ile area address iy-st-zip ile me reet address iy-st-zip ile me reet address	Signature type of control number of registered OFFICE.RS. V CRISAFI, ROBERT J 4202 HOLLOWTRAIL DR TAMPA, FL 00000 P CRISAFI, CAROL 4202 HOLLOWTRAIL DR	BGNT ()		rtes, the at authorized forida Statu IE: Registered 13. 1.1 TIT 1.2 NA 1.3 ST 1.4 CIT 2.1 TIT 2.2 NA 2.3 ST 3.1 TIT 3.2 NA 3.3 ST	84     City       pove-named cord     cord       dpithe corporative     cord       dpithe cord     cord <td>kred when reinstaling)</td> <td>PL e purpose of cha cept the appointr Date FICERS AND DIR</td> <td>nging it nent as ECTOR Change</td> <td>s registered</td>	kred when reinstaling)	PL e purpose of cha cept the appointr Date FICERS AND DIR	nging it nent as ECTOR Change	s registered
office or a agont. 1 a	Signature type of control number of registered OFFICE.RS. V CRISAFI, ROBERT J 4202 HOLLOWTRAIL DR TAMPA, FL 00000 P CRISAFI, CAROL 4202 HOLLOWTRAIL DR	BGNT ()		rtes, the at authorized forida Statu IE: Registered 13. 1.1 TI 1.2 NA 1.3 ST 1.4 CI 2.1 TI 2.2 NA 2.3 ST 2.4 CI 3.1 TIT 3.2 NA 3.3 STI 3.4. CI 4.1 TIT	84     City       bove-named cord       by the corporative requires.       Agent signature requires.       LE       ME       REET ADDRESS       Y - ST - ZIP       LE       ME       REET ADDRESS       TY - ST - ZIP       LE       ME       REET ADDRESS       TY - ST - ZIP       LE       ME       REET ADDRESS       TY - ST - ZIP       LE       ME       REET ADDRESS       TY - ST - ZIP       LE       ME       REET ADDRESS       TY - ST - ZIP       LE       ME       REET ADDRESS       TY - ST - ZIP       LE	kred when reinstaling)	PL a purpose of cha cept the appointr DATE FICERS AND DIR	nging it nent as ECTOR Change	s registered
office or a agont. 1 a IGNATURE 2. ILE AME IREET ADDRESS TY-ST-ZIP TLE IREET ADDRESS TY-ST-ZIP ILE IME REET ADDRESS TY-ST-ZIP ILE ILE ILE ILE ILE	Signature type of control number of registered OFFICE.RS. V CRISAFI, ROBERT J 4202 HOLLOWTRAIL DR TAMPA, FL 00000 P CRISAFI, CAROL 4202 HOLLOWTRAIL DR	BGNT ()	DELETE	rtes, the at authorized lorida Statu TE: Registered 13. 1.1 TIT 1.2 NA 1.3 ST 1.4 CIT 2.1 TIT 2.2 NA 2.3 ST 2.4 CI 3.1 TIT 3.2 NA 3.3 STI 3.4. CI 4.1 TIT 4.2 NA	84     City       sove-named cord       by the corporates.         Agent signature required         LE         ME         REET ADDRESS         Y - ST - ZIP         LE         MRE         REET ADDRESS         TY - ST - ZIP         LE         ME         REET ADDRESS         TY - ST - ZIP         LE         ME         REET ADDRESS         TY - ST - ZIP         LE         ME         LE         ME         REET ADDRESS         TY - ST - ZIP         LE         ME	kred when reinstaling)	PL a purpose of cha cept the appointr DATE FICERS AND DIR	Inging it: nent as IECTOR: Change Change	s registered
Office or a agont. 1 a IGNATURE 2. ILE AME IREET ADDRESS IY-ST-ZIP ILE WAE REET ADDRESS IY-ST-ZIP ILE WAE REET ADDRESS IY-ST-ZIP ILE WAE REET ADDRESS IY-ST-ZIP	Signature type of control number of registered OFFICE.RS. V CRISAFI, ROBERT J 4202 HOLLOWTRAIL DR TAMPA, FL 00000 P CRISAFI, CAROL 4202 HOLLOWTRAIL DR	BGNT ()	DELETE	rtes, the at authorized lorida Statu IE: Registered 13. 1.1 TIT 1.2 NA 1.3 ST 1.4 CIT 2.1 TIT 2.2 NA 2.3 ST 2.4 CI 3.1 TIT 3.2 NA 3.3 ST 3.4. CI 4.1 TIT 4.2 N/ 4.3 ST 4.4 CIT	84     City       sove-named cord     for       by the corporates.     Agent signature required.       Agent signature required.     Agent signature required.       LE     ME       REET ADDRESS     Y-ST-ZIP       LE     ME       REET ADDRESS     TY-ST-ZIP       LE     ME       REET ADDRESS     Y-ST-ZIP	kred when reinstaling)	PL e purpose of cha cept the appointr CERS AND DIR CERS AND DIR	Inging it: nent as ECTOR Change Change Change	s registered
office or a agont. 1 a IGNATURE 2. ILE AME IREET ADDRESS IY-ST-ZIP ILE ILE IV-ST-ZIP ILE ILE ILE ILE ILE ILE ILE IV-ST-ZIP ILE	Signature type of control number of registered OFFICE.RS. V CRISAFI, ROBERT J 4202 HOLLOWTRAIL DR TAMPA, FL 00000 P CRISAFI, CAROL 4202 HOLLOWTRAIL DR	BGNT ()	DELETE	rtes, the at authorized lorida Statu IE: Registered 13. 1.1 TIT 1.2 NA 1.3 ST 1.4 CIT 2.1 TIT 2.2 NA 2.3 ST 2.4 CI 3.1 TIT 3.2 NA 3.3 ST 3.4. CI 4.1 TIT 4.2 N/ 4.3 ST	84     City       sove-named cord     for the corporates.       Agent signature requires.       Agent signature requires.       Agent signature requires.       LE       ME       REET ADDRESS       Y-ST-ZIP       LE       ME       REET ADDRESS       TY-ST-ZIP       LE       ME       REET ADDRESS       Y-ST-ZIP       LE	kred when reinstaling)	PL e purpose of cha cept the appointr CERS AND DIR CERS AND DIR	Inging it: nent as IECTOR: Change Change	s registered
office or a agont. 1 a	Signature type of control number of registered OFFICE.RS. V CRISAFI, ROBERT J 4202 HOLLOWTRAIL DR TAMPA, FL 00000 P CRISAFI, CAROL 4202 HOLLOWTRAIL DR	BGNT ()	DELETE	rtes, the at authorized forida Statu TE: Registered 13. 1.1 TIT 1.2 NA 1.3 ST 1.4 CIT 2.1 TIT 2.2 NA 2.3 ST 2.4 CI 3.1 TIT 3.2 NA 3.3 STI 3.4 CIT 4.3 STI 4.4 CIT 5.1 TIT 5.2 NA 5.3 STI	84     City       sove-named cord     by the corporates,       Agent signature requires,     Ites,       Agent signature requires,     Ites,       LE     ME       REET ADDRESS     Y-ST-ZIP       LE     ME       REET ADDRESS     ITY-ST-ZIP	kred when reinstaling)	PL e purpose of cha cept the appointr CERS AND DIR CERS AND DIR	Inging it: nent as ECTOR Change Change Change	s registered registered S IN 12 Addition
office or r           øgont. 1 æ           iGNATURE.           iGNATURE.           iLE           iLE           iKET ADDRESS           TY-ST-ZIP           ILE           IME           REET ADDRESS           TY-ST-ZIP           ILE           IME           REET ADDRESS           TY-ST-ZIP           ILE           ME           REET ADDRESS           TY-ST-ZIP	Signature type of control number of registered OFFICE.RS. V CRISAFI, ROBERT J 4202 HOLLOWTRAIL DR TAMPA, FL 00000 P CRISAFI, CAROL 4202 HOLLOWTRAIL DR	BGNT ()	DELETE	rtes, the at authorized forida Statu TE: Registered 13. 1.1 TIT 1.2 NA 1.3 ST 1.4 CIT 2.1 TIT 2.2 NA 2.3 ST 2.4 CI 3.1 TIT 3.2 NA 3.3 STI 3.4 CIT 4.3 STI 4.4 CIT 5.1 TIT 5.2 NA 5.3 STI	84       City         sove-named cord       for the corpore         Jtes.	kred when reinstaling)	PL a purpose of cha cept the appointr Date FICERS AND DIR C	Inging it: nent as ECTOR Change Change Change	s registered registered S IN 12 Addition
office or a ggont. 1 a iGNATURE 2. iIGNATURE 2. iIE AME iREET ADDRESS <u>TY-ST-ZIP</u> TLE MAE iREET ADDRESS <u>TY-ST-ZIP</u> TLE MAE iREET ADDRESS <u>TY-ST-ZIP</u> TLE MAE iREET ADDRESS <u>TY-ST-ZIP</u> TLE AME iREET ADDRESS <u>TY-ST-ZIP</u> TLE AME	Signature type of control number of registered OFFICE.RS. V CRISAFI, ROBERT J 4202 HOLLOWTRAIL DR TAMPA, FL 00000 P CRISAFI, CAROL 4202 HOLLOWTRAIL DR	BGNT ()	DELETE	rtes, the at authorized forida Statu TE: Registered 13. 1.1 TIT 1.2 NA 1.3 ST 1.4 CIT 2.1 TIT 2.2 NA 2.3 ST 2.4 CI 3.1 TIT 3.2 NA 3.3 ST 3.4 CI 4.1 TIT 4.2 N/ 4.3 STI 5.1 TIT 5.2 NA 5.3 STI 5.4 CH 6.1 TIT 6.2 NA	84     City       sove-named cord       sove-named cord       dpthe corporative       dpthe corporative       dpt       Agent signature requires.       LE       ME       REET ADDRESS       Y - ST - ZIP       LE       ME       REET ADDRESS       IY - ST - ZIP       LE       ME       REET ADDRESS       IY - ST - ZIP       LE       ME       REET ADDRESS       Y - ST - ZIP       LE       ME       REET ADDRESS       Y - ST - ZIP       LE       ME       REET ADDRESS       Y - ST - ZIP       LE       ME       REET ADDRESS       Y - ST - ZIP       LE       ME       REET ADDRESS       Y - ST - ZIP       LE       ME	kred when reinstaling)	PL a purpose of cha cept the appointr Date FICERS AND DIR C	Inging it: nent as IECTOR Change Change Change Change	s registered registered S IN 12 Addition Addition
office or r           øgent. 1 a           iGNATURE.           2.           iLE           AME           iREET ADDRESS           TY-ST-ZIP           TLE           MME           REET ADDRESS           TY-ST-ZIP           TLE           MME           REET ADDRESS           TY-ST-ZIP           TLE           MME           REET ADDRESS           TY-ST-ZIP           TLE           ME           REET ADDRESS           TY-ST-ZIP	Signadic: Init of Lonica Annu of registered OFFICE.RS. V CRISAFI, ROBERT J 4202 HOLLOWTRAIL DR TAMPA, FL 00000 P CRISAFI, CAROL 4202 HOLLOWTRAIL DR TAMPA, FL 00000	Lagent and tile if applica AND DIRECTORS	DELETE	rtes, the att authorized forida Statu IE: Registered 13. 1.1 TIT 1.2 NA 1.3 ST 1.4 CIT 2.1 TIT 2.2 NA 2.3 ST 2.4 CI 3.1 TIT 3.2 NA 3.3 STI 3.4 CIT 4.3 STI 5.1 TIT 5.2 NA 5.3 STI 5.4 CH 6.1 TIT 6.2 NA 6.3 STI 6.4 CIT	84     City       sove-named cord     by the corporates,       Agent signature requires,     Image: Cord of the corporates,       Agent signature requires,     Image: Cord of the corporates,       LE     ME       REET ADDRESS     Y - ST - ZIP       LE     Image: Cord of the corporates,       ME     REET ADDRESS       TY - ST - ZIP     Image: Cord of the corporates,       LE     Image: Cord of the corporates,       ME     REET ADDRESS       TY - ST - ZIP     Image: Cord of the corporates,       LE     Image: Cord of the corporates,       ME     REET ADDRESS       Y - ST - ZIP     Image: Cord of the corporates,       LE     Image: Cord of the corporates,       ME     REET ADDRESS       Y - ST - ZIP     Image: Cord of the corporates,       LE     Image: Cord of the corporates,       ME     REET ADDRESS       Y - ST - ZIP     Image: Cord of the corporates,       V - ST - ZIP     Image: Cord of the corporates,       V - ST - ZIP     Image: Cord of the corporates,       V - ST - ZIP     Image: Cord of the corporates,       Y - ST - ZIP     Image: Cord of the corporates,       Y - ST - ZIP     Image: Cord of the corporates,       Y - ST - ZIP     Image: Cord of the corporates,       <	kred when reinstaling)	PL a purpose of cha cept the appointr DATE FICERS AND DIR C	Inging it: nent as IECTOR Change Change Change Change Change	s registered registered S IN 12 Addition Addition Addition Addition

a, 20