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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 497847

1.-Corporation Name

PARTNERS ENTERPRISES, INC.

		
Principal	Place of	Business

Mailing Address

FILED Mar 24, 1999 8:00 am Secretary of State

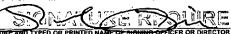
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7370 SOUTH US 1 7370 SOUTH US 1 PORT ST. LUCIE FL 34952 PORT ST. LUCIE FL 34952			DO NOT WRITE IN THIS SPACE						
					3. Date Incorporated or Qualifed 03/02/1976				
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	-	Applied For		
21		26			59-1634638		Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		Additional Required		
City & State	3	City & State			6. Election Campaign Financing Trust Fund Contribution	•	O May Be		
Zip 24	Country 25	Zip 29 30	Country	· 	T GISONAIT TOPORTY TOX:	□Yes	□No		
	9. Name and Address of Current	Registered Agent		-	10. Name and Address of New Registered A	gent			
200	E 017.0		81	Name					
PRICE, PAT C. 621 SW PINE TREE LN		82	Street Addre	ress (P.O. Box Number is Not Acceptable)					
\		83]						
PALM	M CITY FL 34983		84	City	FL	85 Zi	p 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									
	Signature, typed or printed name of registered agent			nt signature required	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND	Nosc	TOPS IN 12		
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND	Chang			
TITLE '	VD		1.1 TITLE				,		
NAME	PRICE, PAT C. 621 SW PINE TREE LN		1.2 NAME				Ţ		
STREET ADDRESS	PALM CITY FL		•	TADDRESS			j		
CITY-ST-ZIP TITLE	PO PALM CITT FL	☐ DELETE	1.4 CITY-S 2.1 TITLE	11-ZIP		[] Chang	e Addition		
NAME	PRICE, PAT. H.		2.2 NAME						
STREET ADDRESS	1031 S.E. MCARTHUR BLVD.		2.3 STREE	TADDRESS					
CITY-ST-ZIP	STUART FL		2. 4 CITY-S		لساد سند بداد داد داد داد				
TITLE		☐ DELETE	3.1 TITLE			Chang	ge Addition		
NAME	• •	!	3.2 NAME				Í		
STREET ADDRESS			3.3 STREE	TADDRESS					
CITY-ST-ZIP			3.4. CITY- S	ST-ZIP					
TITLE		☐ DELETE	4.1 TITLE			Chan	ge 🗌 Addition		
NAME]	_		4. 2 NAME	•			J		
STREET ADDRESS			4.3 STREE	TADDRESS			1		
CITY-ST-ZIP			4.4 CITY-S	T-ZIP		<u> </u>			
TITLE .		☐ DELETE	5.1 TITLE			Chang	ge		
NAME			5.2 NAME		·				
STREET ADDRESS			•	TADDRESS			}		
CITY-ST-ZIP		F1 sei eue	5.4 CITY-S 6.1 TITLE	IT-ZIP		Chang	ge [] Addition		
TITLE	the field of	☐ DELETE	6.2 NAME			. Unant	T Voquoi		
NAME +.	5 M. 6 *			TADORESS			(
STREET ADDRESS	* .		0.3 STREE	AUURESS			i		

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, with all other like empowered.

SIGNATURE:



-CR2E034.(11/98)