03-29-1999 90083 018 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT

1. Corporation	NICINI # 520776 NAME OLD ENTERPRISES, INC.			
Principal Place	of Business	Mailing Address		
2811 WHITHURS P.O. BOX 1155		C/O/ G. NEAL WIGGINS 2811 WHITEHURST ROAD		DO NOT WRITE IN THIS SPACE
DELAND FL 327 US	/20	DELAND FL 32720 US		3. Date Incorporated or Qualifed
US		00		12/13/1976
2 Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number Applied For
21		26		59-1708207 Not Applicable
Suite, Apt. :	#. etc.	Suite, Apt. #, etc.		\$8.75 Additional
22	,	27		5. Certificate of Status Desired Fee Required
City & State	e	City & State		6. Election Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution Added to Fees
Zip	Country	Zip.	Country	8. This corporation owes the current year Intangible
24	25	11	30	Personal Property Tax.
	9. Name and Address of Currer	nt Registered Agent		10. Name and Address of New Registered Agent
MCM	IAMAN DICHADO A		81 Nar	me
	IAHAN, RICHARD A. PINE TREE TERRACE		82 Stre	reet Address (P.O. Box Number is Not Acceptable)
	AND FL 32724			
DEL	AND FL 32/24		83	
			84 City	y 85 Zip Code
· 	•			FL 85 Zip Code
office or re	egistered agent, or both, in the State	of Florida. Such change was au	thorized by the co	ned corporation submits this statement for the purpose of changing its registered corporation's board of directors. I hereby accept the appointment as registered
office or re agent. I a	to the provisions of Sections 607.056 egistered agent, or both, in the State m familiar with, and accept the obligations are sections.	of Florida. Such change was au	thorized by the co	ned corporation submits this statement for the purpose of changing its registered corporation's board of directors. I hereby accept the appointment as registered
office or re	egistered agent, or both, in the State	of Florida. Such change was au ations of, Section 607.0505, Flori	thorized by the co da Statutes.	sture required when reinstating) DATE
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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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

3/2c/59 904 734 642.3