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CORPORATION ANNUAL REPORT 1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

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Secretary of State

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| R/ | | RPRISES, INC. | | · | | ., | | | | |
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| | oal Place of E | | Mailing Address | | | | | , 4.4 | | •••••• |
| MARIA CASANOVA % MARIA CASANOVA 121 SUNSET DR. 121 SUNSET DR. | | | | | | | | | | |
| LAKE PLACID FL 33852 | | | LAKE PLACID FL 33852 | | | DO NOT WRITE IN THIS SPACE | | | | |
| | | | | | | | 3. Date Incorporated or Qualified | | | |
| | | | | | _ | | 11/28/1978 | | | |
| | ncipal Place | of Business | 2a. Mailing Address | | | | 4, FEI Number | | | pplied For |
| 21 | | | 26 | | | | 59-1876262 | | | lot Applicable |
| Sui1 22 | le, Apt. #, etc | c. | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | | * | Additional Required | |
| City & State | | | City & State | | | 6. Election Campaign Financing | | | May Be | |
| 23 | | | 28 | · | | | Trust Fund Contribution | | | to Fees |
| Zip | | Country | Zip | h | intry | | 8. This corporation owes or has pa | - | | |
| 24 | | 25 | 29 | 30 | | | Personal Property Tax due June | | | □ No |
| | | Name and Address of Currer | nt registered Agent | | 81 Nar | | 10. Name and Address of New Re | gistered A | gent | |
| | | OVA, JOSE | | | ואין ניטן | 116 | | | | |
| 121 SUNSET DR. | | | | | 82 Street Address (P.C | | ess (P.O. Box Number is Not Acceptab | le) | | |
| | LAKE P | LACID FL 33852 | • | | 63 | | | | | |
| | | | | | 65 | | | | | |
| | | | | | 84 City | 1 | | FL | 85 Zip | Code |
| 44 Du | general to the | p provisions of Sections 607 060 | 2 and 607 1508 Florida State | doe the el | L l | ad corn | vation cultimits this statement for the o | | obendino | te registered |
| off | fice or registe | ered agent, or both, in the State | of Florida, Such change was | authorize | d by the | corporation | oration submits this statement for the pon's board of directors. I hereby accept | of the appo | ointment a | s registered |
| ag | jent. I am far | miliar with, and accept the oblig | ations of, Section 607.0505, F | lorida Stat | lutes. | | | | | |
| SIGNA | TURE | ture, typod or printed name of registered ag- | and and title if anoticable (NC | TE Booktere | d Agent sign | nt de conste | d when reinstating) | DATE | | |
| 12, | Signal | | ID DIRECTORS | 13. | o Agent sign | arca e redone | ADDITIONS/CHANGES TO OFFIC | | DIRECTO | BS IN 12 |
| TITLE | D | | DELETE | 1.1 Ti | TLE | | ADDITIONS/OFFAITALD TO OFFIC | LI IO MIL | Change | |
| NAME | | ASANOVA, ISABEL | | 1.2 N | | | | | | |
| STREET A | | | | | | l l | | | | |
| CITY-ST- | | | | 135 | | <u>,,</u> | | | | ļ |
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indicated on this annual report of supplemental armula report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a officer or director of the corporation or 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.