

PROFIT CORPORATION **ANNUAL REPORT** 

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FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## Mar 26, 1999 8:00 am Secretary of State 03-26-1999 90017 014 \*\*\*150.00

1333_		
DOCUMENT  1. Corporation Name	#	646992

	IH ENTERPHISES, INC.					
Principal Plac	e of Business	Mailing Address				
2520 NW 16TH	LANE 1205 ELIZABOTH	5/2520 NW-10711 LANE- 12 4	5 Elizabet	HST		
OMBRES AL	40		01 0	DO NOT WRITE IN	THIS SPACE	
	WHILE DOOL PUNTA 90ROA		950	3. Date incorporated or Qualifed		
us /	F-L 33 950	100 FE 33	73 0	12/03/1979		
		2a. Mailing Address		4. FEI Number	Apr	alied For
	Mace of Business	28 12 05 EL12	AROTL S	<b>,</b> '	Not	Applicable
21 [- 2-5 Sulte, Apt.	ELIZABETH ST	Suite, Apt. #, etc.	-HUELA IL		\$8.75 A	dditional
22 # A	#, etc.	27 # A Z		5. Certificate of Status Desired	Fee Rec	quired
City & Stat		City & State		6. Election Campaign Financing	\$5,00	Мау Ве
	TA-GORDA 1-L	28 PUNTAGORO	A, FL	Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Country	8. This corporation owes the current year		l
24	933950 <sub>25</sub> US	1-* 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	10 05	Personal Property Tax.		□No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registr	ered Agent	_
. 64	JEN CTEONEN		81 Name	ILLIAM BWRA		
	HEN, STEPHEN 8 S.W. 27TH AVENUE			dress (P.O. Box Number is Not Acceptable)		
	6 S.W. 2/17 AVENUE MI FL 33145		83	40 ST Kitts Couk	<u>er</u>	
MIA	MI FL 33145		83	,		
			84 City		FL B5 Zip C	ode
			<u>u va</u>	TA 9 ON UA	se of changing its	9.5 c
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	s, the above-named coll thorized by the comora	rporation submits this statement for the purportion's heard of directors. I heraby accept the i	appointment as reg	jistered
office or a	am familiar with, and accept the obligation	ons of, Section 607.0505, Florid	da Statutes.		07-9	a
	am familiar with, and accept the obligation	ons of, Section 607.0505, Florid URA	Moron	reporation submits this statement for the purporation's board of directors. I heraby accept the to the purporation's board of directors.	07-9	2
SIGNATURE	Signature, typed or printed name of registered agent	ond title if applicable. (NOTE: F	Registered Agent signature requi	ired when reinstailing) OA'	TE	<del>/_</del>
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE: F	Registered Agent signature requi	000-4	TE	<del>/_</del>
SIGNATURE 12. TILE	Signature, typed or printed name of registered agent OFFICERS AND	ond title if applicable. (NOTE: F	Registered Agent signature requi	ADDITIONS/CHANGES TO OFFICER	TE RS AND DIRECTOR	RS IN 12
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered agent.  OFFICERS AND  PDS  OWRA, WILLIAM MARTIN	and title if applicable. (NOTE: F	Registered Agent signature requi	ADDITIONS/CHANGES TO OFFICER	TE RS AND DIRECTOR	RS IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	Signature, typed or printed name of registered agent.  OFFICERS AND  PDS  OWRA, WILLIAM MARTIN .  6075 GLEN DALE DR.	and title if applicable. (NOTE: F	Registered Agent signature requi	ADDITIONS/CHANGES TO OFFICER	TE RS AND DIRECTOR	RS IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signature, typed or printed name of registered agent.  OFFICERS AND  PDS  OWRA, WILLIAM MARTIN	and title if applicable. (NOTE: F	Registered Agent signature requi	ADDITIONS/CHANGES TO OFFICER	TE S AND DIRECTOR	RS IN 12
SIGNATURE  12.  ITILE  NAME  STREET ADDRESS  CITY-ST-ZEP  TITLE	Signature, typed or printed name of registered agent.  OFFICERS AND  PDS  OWRA, WILLIAM MARTIN .  6075 GLEN DALE DR.	DIRECTORS  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZP	ADDITIONS/CHANGES TO OFFICER	IE IS AND DIRECTOR  A Change	R\$ IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZEP  TITLE  NAME	Signature, typed or printed name of registered agent.  OFFICERS AND  OWRA, WILLIAM MARTIN  6075 GLEN DALE DR.  BOCA RATON FL	DIRECTORS  DELETE	2 2 NAME	ADDITIONS/CHANGES TO OFFICER	IE IS AND DIRECTOR  A Change	R\$ IN 12
SIGNATURE  12.  ITILE  NAME  STREET ADDRESS  CITY-ST-ZEP  TITLE  NAME  STREET ADDRESS	Signature, typed or printed name of registered agent.  OFFICERS AND  OWRA, WILLIAM MARTIN  6075 GLEN DALE DR.  BOCA RATON FL	DIRECTORS  DELETE	2 NAME 23 STREET ADDRESS 24 STREET ADDRESS 25 NAME 22 STREET ADDRESS 25 STREET ADDRESS 26 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICER	IE IS AND DIRECTOR  A Change	RS IN 12 Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZEP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZEP	Signature, typed or printed name of registered agent.  OFFICERS AND  OWRA, WILLIAM MARTIN  6075 GLEN DALE DR.  BOCA RATON FL	DIRECTORS  DELETE	2 2 NAME	ADDITIONS/CHANGES TO OFFICER	IE IS AND DIRECTOR  A Change	R\$ IN 12
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SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  NAME  NAME	Signature, typed or printed name of registered agent.  OFFICERS AND  PDS OWRA, WILLIAM MARTIN 6075 GLEN DALE DR.  BOCA RATON FL	DIRECTORS DIRECTORS DELETE	ROGISTORY AGAINST PROCESS  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  3.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTOR  TO Change	RS IN 12 Addition
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SIGNATURE  12.  ITILE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	Signature, typed or printed name of registered agent OFFICERS AND OFFICERS AND OWRA, WILLIAM MARTIN 6075 GLEN DALE DR. BOCA RATON FL	DIRECTORS DIRECTORS DELETE  DELETE	Acity-st-zp  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  3.4 CITY-ST-ZP  4.1 TITLE  4.2 NAME  4.3 STREET ADDRESS  4.4 CITY-ST-ZP  4.1 CITY-ST-ZP  4.1 TITLE  4.2 NAME  4.3 STREET ADDRESS  4.4 CITY-ST-ZP	ADDITIONS/CHANGES TO OFFICER	TE S AND DIRECTOR  Of Change  Change	R\$ IN 12 Addition Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND OFFICERS AND OWRA, WILLIAM MARTIN 6075 GLEN DALE DR. BOCA RATON FL	DIRECTORS DELETE	Acity-St-ZP  4.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZP  3.1 TITLE  3.2 NAME  3.2 STREET ADDRESS  3.4 CITY-ST-ZP  4.1 TITLE  4.2 NAME  4.3 STREET ADDRESS  4.4 CITY-ST-ZP  5.1 TITLE	ADDITIONS/CHANGES TO OFFICER	TO SAND DIRECTOR  TO Change  Change	R\$ IN 12 Addition Addition
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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 informatic 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 13 if changed, or or an attachment with an address, with all other like empowered.