PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 DOCUMENT # 656670

FILED Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90102 028 ***150.00

1. Corporatio	ENTERPRI	SES, INC.							·							
Principal Plac	e of Business	3	N	Mailing Addre	ess									5 3	,	
15160 N.W 54TH CT. 15160 N.W 54TH CT.																
REDDICK FL 32686 REDDICK FL 32686									DO NOT WRITE IN THIS SPACE							
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Suite, Apt.	#, etc.			Suite, Apt.	. #, etc.				$\neg \uparrow$			Danimad		\$8	.75 A	dditional
22			27]			-		-	5. Certifcat	e or Status	Desired		<u></u>	ee Re	quired
City & Stat	le			City & Sta	ate					6. Election	Campaign	Financing		\$	5.00	May Be
23			28			_				Trust Fu	nd Contribu	ition	<u></u>	A	dded to	Fees
Zip		Country		Zip		Cou	ntry		1	8. This corp			rrent year			□ 1
24		25	29			30					Property T		D1-4	Y€		□No
	9. Name	and Address of	Current Regi	istered Ager	nt		81	Name		10. Name a	na Addres:	S OT NEW	Register	ea <u>Agent</u>		_
MOE	rris, Phil						91	Ivairie								
	60 N.W. 54	TH CT					82	Street A	Address	s (P.O. Box I	Number is N	lot Accept	table)			
ŀ	DICK FL 32						83									_
1120	DIOIN I L OL	.000														
							84	City					F	L_ 85	Zip C	
11. Pursuant	to the provis	ions of Sections	607.0502 and	607.1508, Florida, Such ch	lorida Statut	es, the al	bove bove	-named o	corpora	ation submits	this statem	ent for the	purpose	of chang	jing its t as rec	registered iistered
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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 information indicated on this annual report or suppliemental 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 conforation of the receiver or trustee emplowered 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF SIGNING

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