

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90012 004 ***150.00



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

PROFIT CORPORATION
 ANNUAL REPORT
1999

DOCUMENT # 674947

1. Corporation Name
BYNUM ENTERPRISES, INC.

Principal Place of Business
 1701 ORANGE ST.
 OVIEDO FL 32765

Mailing Address
 1701 ORANGE ST.
 OVIEDO FL 32765



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 830 EYRIE DRIVE

2a. Mailing Address
 26 830 EYRIE DRIVE

Suite, Apt. #, etc.
 22 SUITE 5-B
 City & State

Suite, Apt. #, etc.
 27 SUITE 5-B
 City & State

23 OVIEDO, FL
 Zip Country

28 OVIEDO, FL
 Zip Country

24 32765 25 U.S.A.

29 32765 30 U.S.A.

3. Date Incorporated or Qualified
06/25/1980

4. FEI Number
59-2007223 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

BYNUM, HARRY M
 1701 ORANGE ST.
 OVIEDO, FLORIDA
 32765

10. Name and Address of New Registered Agent

81 Name
 BYNUM, HARRY M.
 82 Street Address (P.O. Box Number is Not Acceptable)
 671 LEMON BLUFF ROAD
 83
 84 City
 OSTEEN FL 85 Zip Code
 32764

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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PVT	<input type="checkbox"/> DELETE
NAME	BYNUM, HARRY M	
STREET ADDRESS	1701 ORANGE ST.	
CITY-ST-ZIP	OVIEDO, FL 32765	
TITLE	VPS	<input type="checkbox"/> DELETE
NAME	LANIUS, WENDY B	
STREET ADDRESS	26 IRISH MOSS PL	
CITY-ST-ZIP	THE WOODLANDS TX	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PVT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BYNUM, HARRY M.	
1.3 STREET ADDRESS	671 LEMON BLUFF ROAD	
1.4 CITY-ST-ZIP	OSTEEN, FL. 32764	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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.

SIGNATURE: HARRY M. BYNUM Harry M. Bynum 1-4-99 407-365-8211
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)