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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F04657

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F.P.S. E	NTEPRISES, INC.		•. •							14 14 14 14 14 14 14 14	
	e of Business		g Address			· · · · · · · · · · · · · · · · · · ·		T TERRETO AND CORN CHOIC CHARLES CHAIL FOR I		DIGILI TIBLI TIP	41 410!I (00)
239 W. HIBISCUS BLVD MELBOURNE FL 32901 MELBOURNE FL 32901 MELBOURNE FL 32901-3044											
								Date Incorporated or Qualified 11/07/1980		Date of Last /05/1996	
2. Principal Place of Business 2a. Mailing Addr				ess				FEI Number		——	Applied For
Suite, Apt #, etc			Suite Apt. #, etc.					59-2037665 Not Applicat \$8.75 Additional			
22	P) VIV	27	h				5.	Certificate of Status Desired	Fee Required		
City & Stat	le	Cit	y & State	,			6.	Election Campaign Financing		\$5.0	0 May Be
23		28		7 ~				Trust Fund Contribution			d to Fees
Zip	Country	29 29)	30 Cou	ntry			This corporation has liability for Florida Statutes	intangibl] Yes		rs. 199.032,
24	25 9. Name and Address of Curre		d Agent	1301		·		Name and Address of New Re			
STR	ANK, FRED				81	Name					
	BRANDYWINE LANE			Ì	82	Street Add	dress (P.	O. Box Number is Not Acceptat	ole)		
WES	T MELBOURNE FL 32904			į	22						
					83						
					64	City			FI	85 Zij	p Code
SIGNATURE	Signative, typied or printed name of registered a OFFICERS A	gest and tile if app ND DIRECTO		TE Registered	i Ape	nt signature requ		roinstating) ADDITIONS/CHANGES TO OFFIC	DATE ERS AN	ID DIRECTO	ORS IN 12
TITLE	PD		DELETE	1,1 Til	ſLE					Change	e Additio
NAVÉ	STRANK, FRED			1.2 NA				,			
STREET ADDRESS	2935 BRANDYWINE LANE					ADDRESS					
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NAME	STRANK, PATRICIA		<u></u>	2.2 NA						w w.	
STREET ADORESS	2835 BRANDYWINE LANE			B ***		ADDRESS					
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NAME STREET ADDRESS				4		ADDRESS					
STALL FUNKESS						T. 7IP					

14. I do 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 have an other 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 that changed for on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-97

407-725-3862

FILED

Apr 10 1997 8:00am

Secretary of State

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