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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

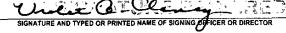
Secretary of State DIVISION OF CORPORATIONS

Mar 03, 1999 8:00 am Secretary of State

03-03-1999 90105 015 ***150.00

1. Corporation	MENT # F48112 ENTERPRISES, INC.								
Principal Place	of Business	Mailing Address							
440 NE 17TH AVE FT LAUDERDALE FL 33301 FT LAUDERDALE FL 33301						DO NOT WR 3. Date Incorporated or Qualifed		SPACE	
						09/10/1981			
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		<u> </u>	lied For
21	H	Suite, Apt. #, etc.				59-2119810	41. 42. 5	\$8.75 A	Applicable
Suite, Apt.	#, etc.	27			•	5. Certifcate of Status Desired		Fee Rec	
City & State	<u> </u>	City & State				6. Election Campaign Financing		\$5.00	May Be
23	-	28				Trust Fund Contribution		Added to	
Zip	Country	Zip	Countr	ry		8. This corporation owes the cur	rent year Inta		
24	25		30			Personal Property Tax.			K No
	9. Name and Address of Curren	t Registered Agent	8	د اه	Name	10. Name and Address of New	Registered A	kgent .	
CLA	NCV VIOLET A		"	1					
CLANCY, VIOLET A 442 NE 17TH AVE				2 3	Street Addre	ss (P.O. Box Number is Not Accept	able)		
FT. LAUDERDALE FL 33301				3					
			L	\perp				Too! Zin C	
			84	4 (City		-FL	85 Zip C	ode
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									istered
12.	OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO OF	FICERS AN		
TITLE	100		1.1 TITLE					Change	☐ Addition
NAME	CLANCY, VIOLET A 12N								
STREET ADDRESS	55 THE IT IN THE				DRESS				
CITY-ST-ZIP	7. 0.000.0			ST-Z	IP			Change	Addition
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NAME STREET ADDRESS			2.3 STRE		ODRESS				
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NAME			3.2 NAME	Ē					
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CITY-ST-ZIP			5.4 CITY-		- 1	•			{
TITLE		☐ DELETE	6.1 TITLE			· -		Change	☐ Addition
NAME	,		6.2 NAME	Ē				•	
STREET ADDRESS	•		6.3 STRE	ETAD	DORESS				

6.4 CITY-ST-ZIP 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.



1/35/79 Date