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

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

ANN	1997 Secretary of State DIVISION OF CORPORATIONS				Secretary of State		
	IMENT # F657 ENTERPRISES, INC.	80 (1)			1 (180)/88 HIJD OLYGY 2009 (180) 180/1 18	in dirin kang olah dirin dirin dirin dirin	
Deing and Disc	on of Duninger	Mailing Address					
Principal Place of Business C/O JERRY D. MCGREAL 1824 SOUTH FISKE BLVD. ROCKLEDGE FL 32955		C/O JERRY D. MC 1824 SOUTH FISKI ROCKLEDGE FL 32	BLVD.				
					3. Date Incorporated or Qualified 02/03/1982	3a. Date of Last Report 08/14/1998	
	Place of Business	2a. Mailing Addres	is	······································	4. FEI Number	Applied For	
21		26		···········	59-2532439	Not Applicable	
Suite, Apt 22	#, etc.	Suite, Apt. #, e	tC.		5. Certificate of Status Desired	See Regulred	
City & Sta 23	ite	City & State		<u> </u>	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zφ	Country	Zip	c	ountry	8. This corporation has liability for	Intangible tax under s. 199.032,	
24	25	29	30	 		Yes No	
	Name and Address of C GREAL, JERRY D	urrent Registered Agent		81 Name	10. Name and Address of New R	agistered Agent	
1824 SOUTH FISKE BLVD. ROCKLEDGE FL 32955				82 Street Address (P.O. Box Number is Not Acceptable) 83			
1				84 City		FL 85 Zip Code	
office or agent. I SIGNATURE	registered agent, or both, in the am familiar with, and accept the Signature typed or printed name of registe				corporation submits this statement for the oration's board of directors. I hereby acces required when reinstaing:	opt the appointment as registered	
12.		IS AND DIRECTORS] 1		ADDITIONS/CHANGES TO OFF	CERS AND DIRECTORS IN 12	
TITLE	DP	☐ D£L	TE 1.	TITLE		☐ Change ☐ Addition	
NAME	MCGREAL, JERRY D		1	2 NAME			
STREET ADDRESS	1025 FAIRLAWN DR ROCKLEDGE, FL 00000		•	STREET ADDRESS			
CHY-S1-ZIP	DVP	□ DEL		CITY-ST-ZIP		Change Addition	
NAME	KNUDSON, JAMES I	C, Ditt		NAME	•	En avenda El monton	
STREET ADDRESS	AATE OF LUBBRING BR		1	STREET ADDRESS			
CITY-ST ZII	ROCKLEDGE, FL 00000		2.	4 CITY-ST-ZIP			
TITLE		☐ DEt.	ETE 3.	TITLE	· · · · · · · · · · · · · · · · · · ·	Change Addition	
NAME				2 NAME			
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CITY - ST - ZIP THLF				1. CITY-ST-ZIP		Change Addition	
NAME		had Dat	1	2 NAME			
STREET ADDRESS			•	3 STREET ADDRESS			
CITY-ST ZIP				1 CITY-ST-ZIP			
11"[[☐ DEL	ETE 5.	1 TITLE		Change Addition	
NAM:				2 NAME			
STREET ADDRESS	>		1	3 STREET ADORESS			
Cl*V -\$1 - 719		☐ DEL		4 City-St-ZIP		☐ Change ☐ Addition	
TIFLE		ניין פגני		1 TITLE 2 NAME		TT OF SUBSECT MODICION	
NAME chart annated				2 NAME 3 STREET ADDRESS			
STREET LADDRESS	`		I 6.	O OTHER MUDIESS			

64 CITY-ST-ZIP

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 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.

FILED

May 08 1997 8:00am