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

FILED Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90069 010 ***150.00

1. Corporation	MENT # F67692 EY ENTERPRISES, INC.										
Principal Place	o of Business	Ma	ailing Address						FOR DICTION)	
			•	ru							
2301 GLENMOOR ROAD NORTH 2301 GLENMOOR ROAD NOI CLEARWATER FL 33764 CLEARWATER FL 33764											
US	2 00.04	US	344444				, DO NO	T WRITE	IN THIS	SPACE	
							Date Incorporated or C	ualifed	_		
							02/12/1982				
2. Principal P	lace of Business	2a.	Mailing Address	·			4. FEI Number			Ар	olied For
21	•	26	_				<u>59-2160952</u>		_	No	Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				5. Certifcate of Status De	sired [J	\$8.75 A	II
22 45			100000000000000000000000000000000000000				J. 0011110210 01 21212			Fee Re	quired
City & State	e ,		City & State				Election Campaign Fin	ancing _[1.	\$5.00	
23	<u> </u>	28					Trust Fund Contribution			Added t	Fees
Zip Country			Zip Country				8. This corporation owes the current year Intangible				
24	25 -	29	30)			Personal Property Tax 10. Name and Address o		latarad (□No
	9. Name and Address of Current	t Regis	tered Agent	81	LN	lame	10, Name and Address o	i Mew KeS	istereu A	daur	
EREY	r, DOLORES A.			"	"						
2301 GLENMOOR ROAD NORTH					s	Street Address (P.O. Box Number is Not Acceptable)					İ
CLEARWATER FL 33546									_		
000	41			83							
				84	· C	City			FL	85 Zip (Code
office or n agent. I a	to the provisions of Sections 607.050; egistered agent, or both, in the State of m familiar with, and accept the obligat	of Floric	la. Such change was auth	orized by	, the	amed corpor corporation	ation submits this statement 's board of directors. I heret	for the pur y accept th	roose of r	changing its	registered pistered
SIGNATURE	Signature, typed or printed name of registered agen	it and title	f applicable. (NOTE: Re	gistered Age	ınt sigi	nature required v	when reinstating)		DATE		
12.	OFFICERS AN	D DIRE	CTORS	13.			ADDITIONS/CHANGES	TO OFFIC	ERS AN		
TITLE	P		☐ DELETE	1.1 TITLE			•			Change	Addition
NAME	FREY, ROBERT J.			1.2 NAME							
STREET ADDRESS	2301 GLENMOOR ROAD NORT	Ή		1.3 STREE	TAD	DRESS					
CITY-ST-ZIP	CLEARWATER FL			1.4 CITY-S	ST-ZIF	P			_		
TITLE	ST ·		☐ DELETE	2.1 TITLE					•	Change	☐ Addition
NAMÉ	FREY, DOLORES A.			2.2 NAME							
STREET ADDRESS	2301 GLENMOOR ROAD NORT	H		2.3 STREE	T ADO	DRESS					
CITY-ST-ZIP	CLEARWATER FL			2. 4 CITY-	ST-ZI	iP					- Addition
TITLE	D ·		☐ DELETE	3.1 TITLE			· · · · · ·			Change	☐ Addition
NAME	FREY, GREGORY M			3.2 NAME		ļ					
STREET ADDRESS	GLENMOOR RD NORTH		,	3.3 STREE							\$
CITY-ST-ZIP	CLEARWATER FL		[] priete	3.4. CITY-	ST-ZI	IP	 		_	☐ Change	Addition
TITLE	D ROOMEINE M		☐ DELETE	4.1 TITLE						Chlarida	
NAME	FREY, JACQUELINE M	'Lı		4. 2 NAME			,				
STREET ADDRESS	2301 GLENMOOR ROAD NORT	п		4.3 STREE		i	•,.			_	
CITY-ST-ZIP	CLEARWATER FL		☐ DELETE	4.4 CITY-S 5.1 TITLE		<u> </u>				Change	Addition
TITLE			□ pere ie	5.1 HALE 5.2 NAME		. [,	•	+	
NAME	·			5.3 STREE		DRESS					
STREET ADDRESS				5.4 CITY-S		l'					
CITY-ST-ZIP		-	DELETE	6.1 TITLE					• • •	☐ Change	Addition
				6.2 NAME		1				•	_
NAME	I			6.3 STREE		DDESS					1

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.

6.4 CITY-ST-ZIP