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FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00							FILED				
PROFIT			FLORIDA DEPARTMENT OF STATE				Apr 27 1998 8:00am				ì
CORPORATION ANNUAL REPORT			Secretary of State								T
1998			DIVISION OF CORPORATIONS			Secretary of State					
DOCUN		(5)									
	A ENTERPRISE	es, inc.	~ /				ļ				
Principal Place		Mailing Address					ARA DIDII WIDII	I TIAK UKAN UL	III QIDII FUDI		
2471 MCMULLEN BOOTH RD 316			2471 MCMULLEN BOOTH RD 316						CDLOF		
CLEARWATER FL 34619 US			CLEARWATER FL 34619 US				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified				1
2. Principal Pla	ace of Business	2	Mailing Address				05/17/1982 4. FEI Number			pplied For	-
21 Suite, Apt	_ <del></del>	26	Suite, Apt. #, etc.				59-2183414	<u></u>		ot Applicable Additional	1
22		27	]				5. Certificate of Status Desired		+	Additional lequired	
City & State 23		28	City & State				6. Election Campaign Financing Trust Fund Contribution			May Be to Fees	
24 337	59 25 COL	intry 29	1 33759	Co.	untry		<ol> <li>This corporation owes or has p Personal Property Tax due Jun</li> </ol>			Itangible	]
	g. Name and Ad	dress of Current Reg		130	81 1	Name	10. Name and Address of New R				
	IALLA, MICHAEL 1 MCMULLEN BO						ess (P.O. Box Number is Not Accepta	able)			$\frac{1}{2}$
316		<del>119-</del> 33759			83						-
	ANMAIEN FL 34	18 23 1 1				City			85 Zip	Code	-
11. Pursuant lo	o the provisions of §	ections 607.0502 and	607.1508, Florida Statut	es, the a	bove-r	amed corp	oration submits this statement for the ion's board of directors. I hereby accounts	FL purpose of	f changing i	its registered	-
agent. I an	egistered agent, or t n familiar with, and	with, in the State of Flo accept the obligations	rida Such change was a of, Section 607.0505, Fk	authorize orida Sta	d by th tutes.	ne corporat	ion's board of directors. I hereby acco	apt the app	wintment as	registered	
	Signature, typed or punted	name of registered agent and to		-	id Agent i	signature requir	ed when reinstating)	DATE			9
12. TITLE	PD	OFFICERS AND DIRI		<b>13.</b> 1.1 T	ITLE		ADDITIONS/CHANGES TO OFF	CERS ANL	DIRECTOR	Addition	R2E034 (10/97
NAME STREET ADDRESS	LASALLA, MICI 2471 MCMULU	HAEL J En booth RD, 316	1	1.2 N	iame Treet ad	DRESS					8
CITY · ST · ZIP	CLEARWATER,			1.4.0	111 - ST- 2		3759				
TITLE NAME			L] DELETE	2.1 T 2 2 N					L_ Change	Addition	ľ
STREET ADDRESS					TREET AD						
CITY - ST - ZIP TITLE	<u> </u>	·····	DELETE	3.1 T	LITY-ST- ITLE	2112			Change	Addition	1
NAME STREET ADDRESS				3.2 N 3.3 S	iame Treet adi	ORESS					
CITY-ST-ZIP TITLE				<u>3.4 (</u> 4.1 T	CITY-ST-:	ZIP			C Change	Addition	
NAME					NAME				L_j onange		
STREET ADDRESS City-St-Zip				•	TREET AD	1					
TITLE			DELETE	5.1 T	ITLE		·····		Change	Addition	1
NAME STREET ADDRESS				5.2 N 5.3 S	iame Treet adi	DRESS					
CITY-ST-ZIP TITLE			DELETE	54 C 6.1 T	ATY-SF-Z	21P			Change	Addition	$\frac{1}{1}$
NAME				6.2 N	AME						
STREET ADDRESS City-St-Zip					TREET AD						
14. I hereby ce indicated c	on this annual ropor	t or supplemental annu	ial report is true and acc	or the ex-	emptio	n stated in my signatu	Section 119.07(3)(i), Florida Statutes. re shall have the same legal effect as	if made un	ider oath; th	nat I am an	1
officer or d	lirector of the corpo	ration of the receiver o od, or on an attachmer	r trustee empowered to	execute	this rep	port as requ	uired by Chapter 607, Florida Statutes	; and that r	ny name ap	pears in	
SIGNATURE: 4/15/98 (813)724-9559											