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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F94000004863 1. Corporation Name

May 04, 1999 8:00 am Secretary of State

05-04-1999 90098 041 ***150.00

•	TERPRISES, INC												
Principal Place	e of Business	Ma	ailing Address				.			HERI DURIL DI	DIGE KOLEL OFFIL		ITA AISAN CITS INDI
8320 EAST ADAMS DRIVE 8320 EAST ADAMS DRIVE						1							
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							3.		corporated or	r Qualifed			
							- -	09/20					<u> </u>
2. Principal Pl	lace of Business		Mailing Address				4.	FEI Nur		•		i	Applied For
21		26						<u>59-32</u> (68/32				Not Applicable Additional
Suite, Apt.	#, etc.	<u> </u>	Suite, Apt. #, etc.				5.	Certifca	te of Status I	Desired			Required
22		27	City & State					 - Claration					
City & State	e	\vdash	City & State				6.		i Campaign F und Contribu				May Be d to Fees
23	Country	28	Zip	Cou	ntrv				poration owe		rent year In		
		20	Lip	30	y		0.		Property T		rent year iii	Yes	□No
24	9. Name and Address of Currer	29 nt Regist	tered Agent	130			10.		and Address		Registered		
	3. Name and Address of Curren				81	Name							
CT C	CORPORATION SYSTEM						 						
	EAST JEFFERSON				82	Street A	ddress (F	O. Box	Number is N	ot Accept	able)		
TALL	AHASSEE FL 32301				83			-				-	
	•				li	City					FL	-	p Code
11. Pursuant	to the provisions of Sections 607.050 egistered agent, or both, in the State	02 and 60	07.1508, Florida Statu	tes, the a	bove-	named c	orporation	n submits	s this statem	ent for the	purpose of	f changing	its registered registered
office or n	egistered agent, or poth, in the State m familiar with, and accept the obliga	ations of,	Section 607.0505, Fig	rida Stati	ıtes.	ie corpor	ations	<i>3810 01 01</i>	il Colore. The	icby doco	p. alo appe		
SIGNATURE													
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	Signature, typed or printed name of registered age				Agent s	signature rec	quired when r				DATE	ND DIDEC	TORS IN 12
12.	OFFICERS AN		CTORS	13.		signature rec			NS/CHANG	ES TO OF			
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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 a stated ment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: