SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS APPROVED

1997 MUG -5 PM 3: 30

PACOS YOUNG STAT

1. Corporation	MENT # F96109 ENTERPRISES, INC.	· (6)		TALLAHASSES, FL		
Principal Place 1815 TAMIAMI 166 SEA ANCI NOKOMIS FL	TRAIL NORTH	Mailing Address 1815 TAMIAMI TRAIL NORT 166 SEA ANCHOR NOKOMIS FL 34275 US	ГН		IN THIS SPACE 3a. Date of Last Report 05/01/1996	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21 2-014	1 17 57.	26 4801 057	PRRY DB. S.	59-2215386	Not Applicable	
Suite, Apt.	#, etc. Asota FX:	Suite, Apt. #, etc. 27 # 602		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
3 7 7 2		28 ST. PRM3	F1,	Trust Fund Contribution	Added to Fees	
Zip	Country	710	Country	8. This corporation owes or has pa		
25 SARASOTA 29 337/1 30 9. Name and Address of Current Registered Agent			30	Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent		
FUSCO, ROBERT J 1815 TAMIAMI TRL. N 1815 TAMIAMI TRL. N. NOKOMIS FL 34275			81 Name82 Street Add83	fress (P.O. Box Number is Not Acceptate	ole)	
	7		84 City		FL 85 Zip Code	
SIGNATURE	Stonature, typod or printed name of organized agent OFFICERS AND	and title if applicable (NOTE) DIRECTORS	Tegistered Agreel signature requ	poration submits this statement for the pation's board of directors. I hereby acception's hereby acception when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE DERS AND DIRECTORS IN 12	
NAME STREET ADDRESS CITY-ST-ZIP	DP FUSCO, ROBERT J	ORETE .	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-S1-ZIP	2000022 -08/1 <u>1</u> /	Change Addition	
TITLE NAME STREET ADDRESS CITY-\$1-ZIP		DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - S1 - ZIP	*****	15.00 <u>*******</u> 20 <u>5,00</u> 00	
TITLE NAME STREET ADDRESS CITY-ST-RIP		DELETE	3.1 TILLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CHY-ST-ZIP		Change Addition	
TITLE NAME		DELEVE	4.1 TULE		Change Addition	
STREET ADDRESS			4. 2 NAME 4.3 STREET ADDRESS			
J		[] OELETE			☐ Change ☐ Addition	

To be recovered that the information supplies with his iming docus not quality for the exemption state in Security and the information supplies with his iming docus not quality first the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trusted 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 or an attachment with an address

SIGNATURE:

07-28-97

To unhow it may consum;

This is a copy of the copy I sent you slyithward last of the grand one I know that your people and very busy, but someone mappined or diel not enter this into your reards

I lo not ged that this your panaly is justial

I would appreciate your help on this water.

Smerly

Rolf J. Punce

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