## 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 Mar 03, 1999 8:00 am Secretary of State

03-03-1999 90080 037 \*\*\*150.00

<ol> <li>Corporation</li> </ol>	MENT # <b>F961</b> n Name ENTERPRISES, INC.	109					
Principal Place	e of Business	Mailing Address			- 1 1901100 tilb löttä attat tiatt santa tatt statt a	YIBII OLOH BIOTI OL	1811 B\$B\$1 (B\$1)
2014 17TH STREET 4801 OSPREY DRIVE S.							
SARASOTA FL 34234 #602 IIS ST. PETERSBURG FL 33711				DO NOT WRITE IN THIS SPACE			
US		31. PETEROBUNG PC SSATT			3. Date incorporated or Qualifed 08/16/1982		
2. Principal Place of Business 2a, Mailing Address					4. FEI Number	Apr	plied For
21		26	<u> </u>		59-2215386	Not	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired -	<b>\$8.75</b> A Fee Rea	
City & Stat	e	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 i Added to	
Zip	Country Zip		Country		8. This corporation owes the current year Intangible		
24	25	29	30		Personal Property Tax.		□No
	9. Name and Address of	Current Registered Agent			10. Name and Address of New Registered	Agent	
DUIC	CO DODEDT I		81	Name	i		
	CO, ROBERT J		82	Street Add	ress (P.O. Box Number is Not Acceptable)		
4801 OSPREY DR S				<u> </u>			
STE 602 ST PETERSBURG FL 33711			83	<b>`</b>			
311	EIERODORG I E 307 I I		84	City	FL	85 Zip C	Code
office or r	registered agent, or both, in the	e State of Florida. Such change was au e obligations of, Section 607.0505, Flori	ithorized by ida Statutes	the corporations.	oration submits this statement for the purpose of on's board of directors. I hereby accept the appoint of the purpose of the p	onument as reg	JISTE 160
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE	PD	□ DELETE	1.1 TITLE	Ì		Change	☐ Addition
NAME	FUSCO, ROBERT J	1/ Dat Book - 1/ Date	1.2 NAME		•	•	+
STREET ADDRESS		4801 OSPREY DAS.	1	TADDRESS			1
CITY-ST-ZIP	NOKOMIS FL	STIPETENSBURG, FLI	1.4 CITY-ST-ZIP			☐ Change	Addition
TITLE		3371/ DELETE	2.1 TITLE			☐ Criange	☐ Addition
NAME			2.2 NAME	}			Ĭ
STREET ADDRESS				T ADDRESS	1		ľ
CITY-ST-ZIP		C) DELETE	2. 4 CITY-	ST-ZIP		☐ Change	Addition
TITLE		☐ DELETE	3.1 TITLE	İ			
NAME			3.2 NAME				
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP			3.4. CITY- 4.1 TITLE	SI-ZIP		☐ Change	☐ Addition
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NAME				T ADDRESS	•		ľ
STREET ADDRESS				, i			
CITY-ST-ZIP		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE			☐ Change	☐ Addition
NAME			5.2 NAME		,		
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP		5.4		ST-ZIP	•		}
TITLE		☐ DELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAME	ļ			ļ
STREET ADDRESS			6.3 STREE	T ADDRESS			
	i .		<b>I</b>				

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.

SIGNATURE:

IGNANURE AND TYPEO OR BINNTED NAME OF SIGNING OFFICER ON DIRECTOR

02.17-99 941.957-4177

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