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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9800001582

FILED Jan 28, 1999 8:00am Secretary of State

01-28-1999 90005 016 ***158.75

	NTERPRISES, INC.	30.1332			. ·				
Data da al Blaca	-4 D	Mailing Address			·	- 1000000 7000 7000 1000 1000 0000		OCHO HOOT AIN	
Principal Place of Business Mailing Address P.O. BOX 9 LINCOLN AS 72744 LINCOLN AS 72744 LINCOLN AS 72744								-	
antiques stated to 16171						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed 03/18/1998			
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number		A	pplied For
21		26				71-0439299			ot Applicable
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.			<u></u>	5. Certifcate of Status Desired			Additional equired
City & State City & State 28			•			Election Campaign Financing Trust Fund Contribution			
Zip	Country	Zip	$\overline{}$	Country		8. This corporation owes the curre	ent year In		No
24	. 25	29	30			Personal Property Tax.		Yes	<u>M</u> No
	9. Name and Address of Current	Registered Agent		81	Name	10. Name and Address of New R	legistered	Agent	
C T (CORPORATION SYSTEM SOUTH PINE ISLAND ROAD	and the first Marines		82		ess (P.O. Box Number is Not Accepta	ible)		
	ITATION FL 33324			83		7 40 40 4 4 5 5 10 10 10 10 10 10 10 10 10 10 10 10 10	11 23 1.7 6 7 1	55 (52 Han 82)	1 12 113 13 13 18 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
104	HAHORTE GOOZT			83			11個歌		
tio Revie	F. LASH W.	to a great service		84	City		FL	_ '	Code
11. Pursuant t office or re agent. I ar	to the provisions of Sections 607.0502 agistered agent, or both, in the State on familiar with, and accept the obligations.	and 607.1508, Florida Statu f Florida. Such change was ons of, Section 607.0505, Fl	tes, the authori orida S	e above zed by tatutes.	e-named corpo the corporation	oration submits this statement for the n's board of directors. I hereby accep	purpose of t the appo	r changing it intment as r	egistered
SIGNATURE									
12.	Signature, typed or printed name of registered agent		E: Regist	ered Agen	it signature required	when reinstating)	DATE		I
TITLE	OFFICERS AND	NOCCTOR		12		ADDITIONS/CHANGES TO OF	FICERS A	ND DIRECT	ORS IN 12
THEE I	Ph	D DIRECTORS DELETE		13.	1	ADDITIONS/CHANGES TO OF	FICERS A	ND DIRECT	ORS IN 12
NAME	PD LATTA JAMES R	DIRECTORS DELETE	1.	13. .1 TITLE .2 NAME		ADDITIONS/CHANGES TO OF	FICERS A		
NAME	LATTA, JAMES R		1.	.1 TITLE .2 NAME	ADDRESS		FICERS A		
STREET ADDRESS	LATTA, JAMES R HWY 62 E		1. 1.	.1 TITLE .2 NAME .3 STREET	FADDRESS		FICERS A		
	LATTA, JAMES R		1. 1. 1.	.1 TITLE .2 NAME			FICERS A		Addition
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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 an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND THESE OF PRINTED NAME OF STEELING OF STEEL OF DIRECTOR

KZEU34 (11/98