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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

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Feb 03, 1999 8:00am

Secretary of State

02-03-1999 90029 029 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

O-maration Na	ENT # G25225 O ENTERPRISES, INC.					
Principal Place of	Business	Mailing Address			•	
70 PALM COAST PARKWAY PALM COAST FL 32137			DO NOT WRITE IN THIS SPACE			
ALM COAST FL 3	2137	PALM COAST TE GETO.		3. Date Incorporated or Qualifed		
	•		•	02/23/1983		
		A Library		4. FEI Number	Applied	pplicable
2. Principal Place	e of Business	2a. Mailing Address		59-2291510	\$8.75 Addi	
1]	·	Suite, Apt. #, etc.		5. Certificate of Status Desired	Fee Requi	
Suite, Apt. #,	etc.	27		<u> </u>	\$5.00 Ma	y Be
2		City & State		Election Campaign Financing Trust Fund Contribution	Added to F	
City & State		28		8. This corporation owes the current	t year Intangible	·
?in	Country	Zip	Country	Demonal Property Tax.		No
Zip	25	29 30	<u> </u>	10. Name and Address of New Re	gistered Agent	
24	9. Name and Address of Current	Registered Agent	81 Name		·	
	TAULTO ANTONIO		82 Street Add	ress (P.O. Box Number is Not Acceptab	le)	
BENV	ENUTO, ANTONIO BERT LN.		62 Street Add	1 #4 - 2 # - 1 - 2 1 1 1 1 1 1 1 1 1	THE THE PERSON	
193. FIL	COACT EL 32137		83	自由的 自己的		1 2 6 1 1 1 1
PALM COAST FL 32137			84 City		FL 85 Zip Co	
		17.5	04 01.9		numose of changing its re	egistered
<u> </u>	the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	, the above-named cor horized by the corpora	poration submits this statement for the ption's board of directors. I hereby accept	the appointment as regi	Stered
11 Pursuant to	gistered agent, or both, in the State	of Florida. Such change was additions of, Section 607.0505, Florid	la Statutes.	·	1/19/99	´ \
agent. I an	n familiar with, and accept the obliga-		tegistered Agent signature requ	ired when reinstating)	DATE	
SIGNATURE	Signature, typed or printed name of registered ager	it and title if applicable. (NOTE: R	(egistered Agent signature requ			
12.	OFFICERS AN			ired when reinstating) ADDITIONS/CHANGES TO OFF	CERS AND DIRECTOR	(S IN IZ
	OFFICERS AN	D DIKECTORS	13.	ADDITIONS/CHANGES TO OFF	Change	Addition
TITLE	PD	D DIRECTORS	13.	ADDITIONS/CHANGES TO O	Change	(S IN IZ
TITLE NAME	PD BENVENUTO, ANTONIO	D DIKECTORS	13. 1.1 TITLE	ADDITIONS/CHANGES TO O	Change	(S IN IZ
i 1	PD BENVENUTO, ANTONIO 280 PARKVIEW DR	D DIKECTORS	13. 1.1 TITLE 1.2 NAME	ADDITIONS/CHANGES TO O	Change	(S IN IZ
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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 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. CITY-ST-ZIP