FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1998

STREET ADDRESS

DOCUMENT #

101

	NTERPRISES OF VERO B	•) 					
Principal Plac	e of Business	Mailing Address					AII DIBIL DIDIL DI)
1669 OLD DIXIE HIGHWAY VERO BEACH FL 32960 VERO BEACH FL 32960 VERO BEACH FL 32960			#GHWAY					
					DO NOT WRIT		SPACE	
					3. Date Incorporated or Qualified			
6 Principal C	Place of Business	2a. Mailing Address			07/20/1983 4. FEI Number			
	Tace of Busilless	— ·	S		==		- + ·	pplied For
Suite, Apt.	# Alc	26 Suite, Apt. #, et	c		59-2310110			ot Applicable Additional
22	n, etc.	27	O .		Certificate of Status Desired		+ ·	Additional equired
City & Stat	- <u>-</u>	City & State	<u></u>		6. Election Campaign Financing			May Be
23		28			Trust Fund Contribution			may be to Fees
Zip	Country	Zip	Cour	ntry	8. This corporation owes or has p			
24	25	29	30		Personal Property Tax due June			No
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New R	egistered	Agent	
S/	NDOR, CHERYL S.			81 Name				
1669 OLD DIXIE HWY VERO BEACH FL 32960			[-	82 Street Address (P.O. Box Number Is Not Acceptable)				
				83				
				84 City		FL	85 Zip (Code
agent. I a	m familiar with, and accept the obli-				orporation submits this statement for the ration's board of directors. I hereby acce	DATE		
12.		ND DIRECTORS	13.	-	ADDITIONS/CHANGES TO OFFI	CERS AN		
TITLE	PD	☐ DELET	TE 1.1 TITU	.E			☐ Change	Addition
NAME	S ANDOR, KENNTH V		1.2 NA	ME				
STREET ADDRESS	1669 OLD DIXIE HWY		1.3 STR	EET ADDRESS				
CITY-ST-ZIP	VERO BCH FL	·····		Y-ST-ZIP				
TITLE	SOT CHESTA	DELET					L Change	■ Addition
NAME	SANDOR, CHERYL S.		2.2 NA	Æ				
STREET ADDRESS	1669 OLD DIXIE HWY			EET ADDRESS		**		
CITY-ST-ZIP	VERO BCH FL	I DELE		Y-ST-ZIP	 			T Addition
TITLE		L DELET					□ Change	Addition
NAME			3.2 NAM	1				
STREET ADDRESS				EET ADDRESS				
CITY-ST-ZIP TITLE	-	☐ DELET		Y-ST-ZIP			Change	Addition
		U VILLE		į,			crange	L Addition
NAME CTOCET ADDRESS			4. 2 NA	1				
STREET ADDRESS				EET ADDRESS				
CITY-ST-ZIP TITLE		☐ DELET		Y-ST-ZIP			Change	Addition
NAME		_ 3000	5.1 IIIL				- ouerâs	L. PAGINON
STREET ADDRESS			1	EET ADDRESS				
CITY-ST-ZIP				-ST-ZIP				
TITLE		☐ DELET			· · · · · · · · · · · · · · · · · · ·		Change	Addition
NAME			6.2 NAN					

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

14. Thereby 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 by supplemently 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 of 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 ghanged, or on an attachment with an address.

FILED

Feb 25 1998 8:00am

Secretary of State