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

DOCUMENT # G67679 1. Corporation Name

TOM FELTENSTEIN ENTERPRISES, INC.

Principal Place	of Business	Mailing Address						
44 COCOANUT ROW		44 COCOANUT ROW						
SUITE T-5		SUITE T-5				DO NOT WRITE IN THIS SPACE		
PALM BEACH FL	. 33480	PALM BEACH FL 33480				3. Date Incorporated or Qualifed		
						11/03/1983		
- 5		2a. Mailing Address				4. FEI Number	Applied For	
2. Principal Pla	ace of Business	26				59-2341917	Not Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5 Additional	
			27			5. Certificate of Status Desired	Required	
City & State		City & State			6. Election Campaign Financing 55.	00 May Be		
23		28			Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Countr	У		8. This corporation owes the current year Intangible		
24	25	29	30			Personal Property Tax. Yes	□No	
 1	9. Name and Address of Curr	rent Registered Agent		- T		10. Name and Address of New Registered Agent		
			8	1 Name			. <u> </u>	
	ENSTEIN, TOM		8	2 Street	Addre	ess (P.O. Box Number is Not Acceptable)		
	OCOANUT ROW		L					
SUITE T-5		•	8	3				
PALIN	BEACH FL 33480		8	4 City		85	Zip Code	
					_	oration submits this statement for the purpose of changin	(b mlada and	
agent. I ar	agistered agent, or both, in the Stann familiar with, and accept the obling signature, typed or printed name of registered	igations of, Section 607.0505, File	onda Statote	,,,		oration submits all statement of the purposition in s board of directors. I hereby accept the appointment a when reinstating) DATE		
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRE		
TITLE	DP	☐ DELETE	1.1 TITLE	<u> </u>		Cha	nge 🗌 Addition	
NAME	FELTENSTEIN, TOM		1.2 NAME	≣			ļ	
STREET ADDRESS	44 COCOANUT ROW, STE 1	Γ -5	1.3 STRE	ET ADDRESS	3			
CITY-ST-ZIP	PALM BEACH FL		1.4 CITY-	ST-ZIP	↓	- I Oho	nge Addition	
TITLE	<u></u>	☐ DELETE	2.1 TITLE			☐ Cha	ilige (Addition	
NAME			2.2 NAMI	E				
STREET ADDRESS			2.3 STRE	ET ADDRESS	3		1	
CITY-ST-ZIP			2, 4 CITY		┼─	Cha	inge Addition	
TITLE	•	DELETE	3.1 TITLE				95	
NAME			3.2 NAM					
STREET ADDRESS			1	ET ADDRESS	3		į.	
CITY-ST-ZIP		□ DELETE	_	-ST-ZIP	┼─	☐ Cha	ange [] Addition	
TITLE		☐ DELETE	4.1 TTL					
NAME			4, 2 NAM					
STREET ADDRESS				EET ADDRES]	•		
CITY-ST-ZIP		☐ DELETÉ	4,4 CITY 5,1 TITL	-ST-ZIP	 -	☐ Cha	ange Addition	
TITLE	•		5.1 HILL 5.2 NAM				- -	
NAME				EET ADORES	s			
STREET ADDRESS			1	-ST-ZIP	-			
CITY-ST-ZIP		☐ DELETE	6.1 TITL		+	Cha	ange	
TITLE		₩ OFFEIG	6.2 NAM				- -	
NAME				EET ADORES	s			
STREET ADDRESS	ESS ALLOW V	\wedge		-ST-ZIP				
CITY_ST_ZIP 1 .	1° '	i \	0,,,		1			

SIGNATURE:

officer or director of the corporation Block 12 or Block 13 if changed, o

CITY-ST-ZIP, A. C

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 peport 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 flustee emptawered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

FILED Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90075 044 ***150.00