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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G78383

(8)

COMBINED BUSINESS ENTERPRISES, INCORPORATED

FILED Feb 20 1998 8:00am Secretary of State



					_			
Principal Place of Business Mailing Address					1 1001111 0011 1000 10100 111	,, , ,,,,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,		1 51611 7567
560 ESTATES	S PL.	580 ESTATES PL.						
LONGWOOD FL 32779		LONGWOOD FL 32779			DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qu			·
					01/10/1984	amos		
9 Principal P	lace of Business	2a. Mailing Address			4. FEI Number		I An	plied For
21		 	26				_ 	t Applicable
Suite, Apt. #, etc.			Suite, Apt. #, eto.		59-287 1507	🖂	\$8.75	
22		27			5. Certificate of Status Des	ired 🗀	Fee Re	
City & State	8	City & State	·		6. Election Campaign Final	ncing	\$5.00	May Be
23		28			Trust Fund Contribution	` 	Added t	
Zip	Country	Zip	Count	try	8. This corporation owes	the cur		
24	25	29	30		Personal Property Tax d			No
	9. Name and Address of Curre				10. Name and Address of	New Registered /	Agent	
SC	OTT, KENNETH J. 16 E. HILLCREST ST., STE. 103 LANDO FL 32803		16	Name				
15	16 E. HILLCREST ST., STE. 103	To address	l e	Street Add	Iress (P.O. Box Number is Not A	cceptable)		
OF	LANDO FL 32803	7	-	19.	36 Lee Road			
		"Winged"		13	+ 27-			
		•	<u> </u>	4 City	SWW 9.10		85 Zip (Code .
				W	nter Pastz	FL	30	189
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida St	atules, the abo	ve-named cor	poration submits this statement	or the purpose of	changing it	s registered
office or r agent. I a	egistered agent, or both, in the Stal m familiar with, and accept the obli	le of Florida, Such change w gations of, Section 607.0505	as authorized , Florida Statul	by the corpora les.	ition's board of directors. I herec	y accept the app	Dinument as	registered
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable (NOTE: Registered /	Agent signature requ	ired when reinstating)	DATE		
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO	OFFICERS AND	_	
TITLE	PTO	☐ DELETE	1.1 TITE	E			Change	☐ Addition
NAME	FAIR, N. BRUCE		1.2 NAM	IE				
STREET ADDRESS	560 ESTATES PLACE		1.3 STRE	EET ADDRESS				1
CITY-ST-ZIP	LONGWOOD FL		1.4 CITY	-ST-ZIP				
TITLE	VSD	☐ DELETE	2.1 TITU	E			☐ Change	☐ Addition
NAME	FAIR, CAROLE		2.2 NAM	IE j				
STREET ADDRESS	560 ESTATES PLACE		2.3 STAE	ET ADDRESS				
CITY-ST-ZIP	LONGWOOD FL		2. 4 CfT)	r-ST-ZIP				
TITLE		☐ DELETE	3.1 TITU	E			L Change	Addition
NAME			3.2 NAM	IE				l
STREET ADDRESS			3.3 STRE	EET ADDRESS				
CITY-ST-ZIP				r-ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE	E			Change	Addition
NAME			4. 2 NAM	AE				
STREET ADDRESS			4.3 STRE	ET ADDRESS				
CITY+ST+ZIP			4.4 CITY	-ST-ZIP		· · · · · · · · · · · · · · · · · · ·		
TITLE		☐ DELETE	5.1 TITL	E			Change	Addition
NAME			5.2 NAM	IE				
STREET ADDRESS			5.3 STRE	EET ADDRESS				
CITY-ST-ZIP			5.4 City	-ST-ZIP				
TITLE		DELETE	61 TITL				Change	☐ Addition
NAME			6.2 NAM	IE				
STREET ADDRESS			6.3 STRE	ET ADDRESS				
CITY+ST-7IP			6.4 Cłty	-ST-ZIP	,			
14. I hereby o	certify that the information supplied	with this filing does not quali	fy for the exen	nption stated in	Section 119.07(3)(i), Florida St	atutes. I further ce	rtify that the	information

4. 1 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 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 chapter 607, or in an attachment with an address.