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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H31872

(5)

FILED
Apr 20 1998 8:00am
Secretary of State

	NTERPRISES OF SANFOR			·					
'	ce of Business	Mailing Addres					6.6.1 0.5		, E 11
3071 MELLONVILLE AVENUE BLDG #117 SANFORD FL 32773-8744		3071 MELLONVILLE AVENUE BLDG #117 SANFORD FL 32773-8744							
					DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualific	ed		
						11/29/1984			'
	Place of Business	2a. Mailing Add	dress			4. FEI Number			Applied For
21		26	·		··	59-2493801			Not Applicable
Suite, Apt.	. #, etc.	Suite, Apt. (#, etc.			5. Certificate of Status Desired		*	Additional
22		27							Required
City & State	10	City & State	3			6. Election Campaign Financing	• _□		O May Be
23 Zip	Country	28 Z _I p		Country		Trust Fund Contribution			d to Fees
24	25	29	30	Couring	1	8. This corporation owes or has Personal Property Tax due J	•		ntangible No
241	g. Name and Address of Cur			Y`-		10. Name and Address of New			
PR	NATHER, ROSE W.			81	Name		_	·- <u>-</u>	
	71 MELLONVILLE AVE., BLDG	. 117		82	Observat A deli	O O David Annual Control			
	NFORD FL 32773			02	Street Addr	ress (P.O. Box Number is Not Accep	Jabiej		
				83					
					\			1. 1.2	
				84	City		FL	85 Zip	o Code
	to the provisions of Sections 607.0 registered agent, or both, in the Stam familiar with, and accept the ob-	0502 and 607.1508, Flor ale of Florida Such cha digations of, Section 607	rida Statutes, ti inge was autho 7.0505, Florida	he above orized by Statutes	e-named corp the corporal s.	poration submits this statement for the tion's board of directors. I hereby ac	ccept the ap	pointment a	is registered
11. Pursuant office or ragent I a SIGNATURE	Signature typed or printed name of registered					poration submits this statement for the filter of the filt	DATE		
SIGNATURE	Signature typed or printed name of registered	agent and trile if applicable	(NO1E Reg	istered Age		red when reinstating)	DATE		DRS IN 12
SIGNATURE	Signature typed or printed many of registrated OFFICERS APTD PRATHER, ROSE W.	agent and trile if applicable	(NOTE ROC DELETE	istered Age		red when reinstating)	DATE	D DIRECTO	DRS IN 12
SIGNATURE 12. TITLE	PTD PRATHER, ROSE W. 3140 OHIO AVE.	agent and trile if applicable	(NOTE Rec	istered Age 13.	ent signature requi	red when reinstating)	DATE	D DIRECTO	DRS IN 12
SIGNATURE 12. TITLE NAME	Signature typed or printed many of registrated OFFICERS APTD PRATHER, ROSE W.	agent and title if applicable AND DIRECTORS	(NOTE RO	nistered Age 13. 1.1 TITLE 1.2 NAME	ent signature requir	red when reinstating)	DATE	D DIRECTO	DRS IN 12
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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 of supplemental annual ropyr 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 trusted 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 all attachment with an address.

SIGNATURE:

SI h. Kath KOSE W. PRATHER 4/1

4/14/98 407-323-4414