SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # LIZCO

141

FILED Oct 01 1998 8:00am Secretary of State

1. Corporation	on Name NTERPRI	SES	INC.		(4)				
Principal Place of Business					Mailing Address				
% JANET HEBDON 8380 ULMERTON RD., STE. 332					% JANET HEBDON 8380 ULMERTON RD., STE. 332				
LARGO FL 3484L					LARGO FL 94641				DO NOT WRITE IN THIS SPACE
									3. Date Incorporated or Qualified
2. Principal Place of Business					a. Mailing Addres				09/09/1985 4. FEI Number Applied For
21					26				4. FEI Number Applied For Not Applicable
Suite, Apt. #, etc.					Suite, Apt. #, etc.				SR 75 Additional
22					27				5. Certificate of Status Desired Fee Required
City & State					City & State				6. Election Campaign Financing \$5.00 May Be
23 (28				Trust Fund Contribution Added to Fees
Zip 33°	77/		Country		スロ オラフフノ	' <u> </u>	untry	1	8. This corporation owes or has paid the current year Intangible
24 27	0 Name	25	Address of Curren	29		30	٦~-		Personal Property Tax due June 30.
uco	BOON, JANE		Address of Corren	ı regi:	stered Agent		81	Name	10. Name and Address of New Registered Agent
	O FLAMEVII		/F						
	INOLE FL						82	Street	et Address (P.O. Box Number is Not Acceptable)
OL!		0101	•				83		
							84	City	FL 85 Zip Code
11. Pursuan	to the provis	sions o	of sections 607.0502	and 6	07.1508, Florida S	Statutes, the a	bove	named	d corporation submits this statement for the purpose of changing its registered orporation's board of directors. I hereby accept the appointment as registered
office or agent. I	regist ere d ag am fa mili ar w	gent, c vith, ac	or both, in the State nd accept the obliga	of Flori itions o	ida. Such change of, section 607.05	was authoriza 35. Florida Sta	ed by	the con	orporation's board of directors. I hereby accept the appointment as registered
SIGNATURE					.,,				
	Signature, typed	or printe	ed name of registered agen					gent signal	nature required when reinstating) DATE
12.	DP		OFFICERS AN	D DIRE		13			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME		LEO	NADO D		L DELE	'- I	ITLE		Change Addition
	HEBDON, LEONARD B. TREET ADDRESS 8410 FLAMEVINE AVE.				1.2 NA				
CITY-ST-ZIP	CELBUOLEE							9 STREET ADDRESS 4 CITY-ST-ZIP	
TITLE	DV				DELE			-ZIP	
NAME	HEBDON,	JAN	ET		[-] <i>DELE</i>	2.2 %			Change Addition
STREET ADDRESS	8410 FLA							ADDRESS	28
CITY-ST-ZIP			33777				TY-ST		
TITLE					DELE				Change Addition
NAME						3.2 N	AME		Johnson D. Addition
STREET ADDRESS						338	TREET	ADDRESS	ss
CITY-ST-ZIP					,	3.4 0	ITY-ST	-Z(P	
TITLE					DELE	r <u>E</u> 4.1 T	TLE		Change Addition
NAME						4.2 N	AME		
STREET ADDRESS						4.3 \$	FREET	address	\$
CITY-ST-ZIP							TY-ST	-ZIP	
TITLE					DELET				Change Addition
NAME						5.2 N			
STREET ADDRESS								ADDRESS	5
CITY-ST-ZIP TITLE							TY-ST-	ZiP	
NAME					L DELET				Change Addition
STREET ADDRESS						6.2 N		ADDDE OO	
C/TY-ST-ZIP								ADDRESS	٥
44 11						6.4 C	TY-ST-	ZIP	

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 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.