


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

FILED  
Jan 16 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # H99402 (0) 1. Corporation Name BILLEN ENTERPRISES, INC.					
Principal Place of Business PO BOX 510465 800 12TH STREET KEY COLONY BEACH FL 33051 US			Mailing Address PO BOX 510465 KEY COLONY BEACH FL 33057 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/14/1986	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number 59-2679095	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. Zip Country		28. Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. 25.		29. 30.		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent DOWDELL III, THOMAS J. 11300 OVERSEAS HIGHWAY MARATHON FL 33050				10. Name and Address of New Registered Agent	
				81. Name	
				82. Street Address (P.O. Box Number is Not Acceptable)	
				83.	
				84. City FL 85. Zip Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE _____ (Signature, typed or printed name of registered agent and title, if applicable) (NOTE: Registered Agent signature required when reappointing) DATE _____					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
11. TITLE <input type="checkbox"/> DELETE					
12. NAME					
13. STREET ADDRESS					
14. CITY-ST-ZIP					
21. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
22. NAME					
23. STREET ADDRESS					
24. CITY-ST-ZIP					
31. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
32. NAME					
33. STREET ADDRESS					
34. CITY-ST-ZIP					
41. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
42. NAME					
43. STREET ADDRESS					
44. CITY-ST-ZIP					
51. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
52. NAME					
53. STREET ADDRESS					
54. CITY-ST-ZIP					
61. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
62. NAME					
63. STREET ADDRESS					
64. CITY-ST-ZIP					

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 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.

SIGNATURE: *William D. Joyce*



DO NOT WRITE IN THIS SPACE

CR2E034 (10/97)