## 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

DOCU	MENT # J01342			02-01-1999 90019 043 ***	*150.00
1. Corporation	ENTERPRISES, INC.				
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_	•				
Principal Plac	ce of Business	Mailing Address			
9330 ADAMO TAMPA FL 336		P.O. BOX 1808 TAMPA FL 33601-1808			
TAMEN IL 300		IAMPA FL 33001-1000		DO NOT WRITE IN T	HIS SPACE
				3. Date Incorporated or Qualifed	
		1		02/27/1986	
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt	#. etc.	Suite, Apt. #, etc.		59-2917055	Not Applicable \$8.75 Additional
22		27		5. Certifcate of Status Desired	Fee Required
City & Sta	te	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	
24	25   9. Name and Address of Current		30	Personal Property Tax.  10. Name and Address of New Register	Yes No
	g, Name and Address of Current	Kedisteren ydent	81 Name	10. Name and Address of New Register	ed Agent
BEV	ÆR, CHARLES C JR.		20 00 1011		•
	O E. ADAMO DR.		82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
TAN	MPA FL 33619		83		
	*		84 City	- 建铁矿分类物质 镍铁铁矿的含含含氮氮	. 85 Zip Cöde
gan v vergene, v		garage and a	1 - 1	F	· L.     ·
11 Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the above-named corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the ap	of changing its registered
agent. I a	am familiar with, and accept the obligation	ons of, Section 607.0505, Flor	da Statutes.	or o board of directors. Thereby accept the ap	politimorit da registerad
SIGNATURE	Signature, typed or printed name of registered agent	(NOTE:			
12.	OFFICERS AND		Registered Agent signature required 13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	PST	☐ DELETE	1.1 TITLE	ABBITTONIA TO OFFICE TO	Change Addition
NAME	BEVER, CHARLES C JR.		1.2 NAME	· · · · · · · · · · · · · · · · · · ·	
STREET ADDRESS			1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33619	<del>:</del>	1.4 CITY-ST-ZIP	· .	
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	·	•	2.2 NAME		•
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP		☐ DELETE	2. 4 CFTY-ST-ZIP 3.1 TITLE	-	Change Addition
NAME	The first of a sure		3.2 NAME		
STREET ADDRESS	TO THE POPULATION OF THE POPUL		3.3 STREET ADDRESS		Fig. of the distance of Factor in Contract of Contract
CITY-ST-ZIP	1 (4) 4 (2) 4 (2) 4 (4)	4	3.4. CITY-ST-ZIP		。 1. 数据数据数据
TITLE		☐ DELETE	4.1 TITLE	> 30 - 3546 UPS - 1649 . 1 2 5	Change Addition
NAME	375	Section 1985	4. 2 NAME		•
STREET ADDRESS		ar the	4.3 STREET ADDRESS		
CITY-ST-ZIP		— □ DELETE	4.4 CITY-ST-ZIP		E di Line
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME		Change Addition
NAME STREET ADDRESS			5.3 STREET ADDRESS	** *** *** ***	
CITY-ST-ZIP	D&L	•	5.4 CITY-ST-ZIP		
TITLE	THE REPORT OF THE	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	\$300 E 2000 ( ) 1 / 2 / 2	•	6.2 NAME		<del>-</del>
	14.79 × 51 30.1	•	6.3 STREET ADORESS		

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 with all other like empowered.

6.4 CITY-ST-ZIP

**SIGNATURE** 

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-99(813)621-641/

**FILED** 

Feb 01, 1999 8:00am

**Secretary of State** 

CR2F034 (11/98)