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

Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90074 018 ***150.00

DOC	JMEN	T #	IO	1/1	7
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1. Corporat	JMENT # J04417 ion Name ENTERPRISES, INC.	7			
Principal Pla	ace of Business	Mailing Address		I SABUND ONE BREEL GEBRE FLORE CORE ALON	BIEN BIRK BIRN BIRN BIRK ION
	NE MCGINLEY ELCH CAUSEWAY ACH FL 33708	% LAURA MAE MCGINLEY 666 EAST WELCH CAUSEWAY MADEIRA BEACH FL 33708		DO NOT WRITE IN THE	IS SPACE
<u> </u>				03/18/1986 4. FEI Number	Applied For
2. Principal	Place of Business 78th Ave	V 2a. Mailing Address 78th	Ave N	59-2639336	Not Applicable
Suite Ap		Suite, Apt. #, etc.	mall	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & St 23 Se	minale FL	City & State 28 Seminale	FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 33	Country 25	29 33772 30	Country	This corporation owes the current year in Personal Property Tax.	Yes No
9. Name and Address of Current Registered Agent			10. Name and Address of New Registere	d Agent	
MCGINLEY, LAURA MAE - 606 EAST WELCH CAUSEWAY MADEIRA BEACH FL 33708 83				idress (P.O. Box Number is Not Acceptable)	
			Se	eminale Mall	ar Zin Codo
			84 City Se	minole FL F	L 85 Zip Code 3377ス
office of	nt to the provisions of Sections 607.0 r registered agent, or both, in the Stat l am familiar with, and accept the obli	te of Florida. Such change was auth	, the above-named conorized by the corpora	proporation submits this statement for the purpose ation's board of directors. I hereby accept the app	of changing its registered ointment as registered
SIGNATUR	Signature, typed or printed name of registered a	cent and title if applicable /NOTE- Pa	egistered Agent signature requ	uired when reinstating) DATE	
12.	- · · · · · · · · · · · · · · · · · · ·	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE		Change Additio
NAME	MCGINLEY, LAURA MAE		1.2 NAME	12012 11 12 1/2 No. No.	_

S IN 12 Addition STREET ADDRESS 13302 OAKHURST ROAD 1.3 STREET ADDRESS 13917 Harbor View Dr SEMINOLE FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE TITLE 2.1 TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-\$T-ZIP Change ☐ Addition ☐ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Change Addition | □ DELETE 5.1, TITLE TITLE 5.2 NAME NAME 5.3 STREET ADORESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Change ☐ Addition ☐ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling 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 of 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 or an attachment with an address, with all other like empowered.

SIGNATURE:

CR2E034 (11/98)