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

DOCUMENT # J41724

COMMAND ENTERPRISE CORP.

FILED Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90028 002 ***150.00



Principal Place	of Business	М	ailing Address				1 (881)18 Bitt 2.081 (1811 Bill (1811 Bill) andi: Diett gent andi: Diett gent andi:
1880 S. US HIG	SHWAY 19		80 S. US HIGHWAY 19				
P.O. BOX 520 P.O. BOX 520							DO NOT WRITE IN THIS SPACE
MONTICELLO FL 32344 MONTICELLO FL 32344							3. Date Incorporated or Qualifed
							11/12/1986
~ 2. Principal Pl	lace of Business	2a	. Mailing Address				4. FEI Number Applied For
21		26				•	59-2752858 Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				\$8.75 Additional
22							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 .	<u> </u>			_	Country		8. This corporation owes the current year Intangible
24		25 29 30		0			Personal Property Tax. Yes No 10. Name and Address of New Registered Agent
Name and Address of Current Registered Agent					81	Name	11.0-1
DIAM	IOND, J.						
			Region of the				et Address (P.O. Box Number is Not Acceptable)
	S. US HWY. 19		and probably a second		83	1 0 j#	- 4
	ITICELLO FL 32344					<u> </u>	. , (
					84	City '	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.0502	and 6	607.1508, Florida Statutes	the a	bove	e-named o	
office or re	egistered agent, or both, in the State of	f Flori	da. Such change was aut	horized	by	the corpo	d corporation submits this statement for the purpose of changing its registered poration'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: R	legistered	Agen	il signature re	e required when reinstating) DATE
12.	OFFICERS ANI) DIRI	ECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P		DELETE	1.1 TI	TLE		☐ Change ☐ Addition
NAME	DIAMOND, J.		1.2 N		AME		
STREET ADDRESS			1.3 \$		TREET	ADDRESS	s
CITY-ST-ZIP	MONTICELLO FL			-	1.4 CITY-ST-ZIP		
TITLE	ST		DELETE	2.1 TITLE			Change Addition
NAME	or another, o.			2.2 NAME			
STREET ADDRESS				2.3 STREET ADDRESS		S	
CITY-ST-ZIP	MONTICELLO FL			•	2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE			1	3.1 TITLE 3.2 NAME			
NAME				1		LADDOTOS	
STREET ADDRESS				1		T ADDRESS	8
/ CITY-ST-ZIP			☐ DELETE	3.4. C		T-ZIP	☐ Change ☐ Addition
NAME			عادداد بي	4.2 N			
STREET ADDRESS						r ADDRESS	200
1	33		1	4.3 STREET ADDRESS		~	
CITY-ST-ZIP		-	☐ DELETE	5.1 TITLE		1-21	☐ Change ☐ Addition
NAME			1	5.2 NAME			
STREET ADDRESS				5.3 S	TREET	ADDRESS	s
CITY-ST-ZIP				5.4 C	TY-S	T-ZIP	
TITLE	DELETE		_	6.1 TITLE		☐ Change ☐ Addition	
NAME				6.2 N	AME		
STREET ADDRESS				6.3 S	TREET	r address	ss
OTTLET FO				64 C	TY-S	T-71P	

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 changes of an attachment with an address, with all other like empowered.