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 # J53118

Corporation Name

FEE ENTERPRISES, INC.

FILED Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90034 012 ***150.00



<u> </u>	Applied For
LONGWOOD FL 32779 LONGWOOD FL 32779 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 02/01/1987 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 25 26 59-2764973	Applied For
3. Date Incorporated or Qualifed 02/01/1987 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 21 26 59-2764973	Applied For
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2. Principal Place of Business 2a. Mailing Address 4. FEI Number 21 26 59-2764973	Applied For
21 26 59-2764973	
£0.7	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.	5 Additional
Suite, Apr. #, etc. 5. Certificate of Status Desired Fee	Required ~~
City & State Campaign Financing \$5.1	00 May Be
23 Trust Fund Contribution Add	ed to Fees
Zip Country Zip Country 8. This corporation owes the current year Intangible	_
24 25 29 30 Personal Property Tax. XYes	□No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent	
81 Name	
FUSON, ELMER E. 82 Street Address (P.O. Box Number is Not Acceptable)	
265 NEEDLES THAIL	
LONGWOOD FL 32779	
84 City 85 Z	Zip Code
FL SI	
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 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.) its registered s registered
SIGNATURE (NOTE Perustreed Apart signature required whan reinstatum) DATE	ļ
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	
ADDITIONS (CHANGES TO OFFICERS AND DIDE	TORS IN 12
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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.

SIGNATURE: