

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

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90047 005 ***158.75

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J75347
 1. Corporation Name
1700 ENTERPRISES, INC.

Principal Place of Business 6429 HARNEY ROAD TAMPA FL 33610	Mailing Address 6429 HARNEY ROAD TAMPA FL 33610
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 05/21/1987
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-2804478
22. City & State	27. City & State	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
23. Zip	28. Zip	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
24. Country	29. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
25. Country	30. Country	8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No


9. Name and Address of Current Registered Agent

**GROSMAN & HOCK P A
 HOCK, RONALD, G
 200 EAST ROBINSON STREET, SUITE 1150
 ORLANDO FL 32801**

10. Name and Address of New Registered Agent

81 Name **DONALD E. GRANOWICZ**
 82 Street Address (P.O. Box Number is Not Acceptable)
6429 HARNEY ROAD
 83
 84 City **TAMPA** FL 85 Zip Code **33610**

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  **Donald E. Granowicz** 1/12/99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> DELETE
NAME	GRANOWICZ, VIC F	
STREET ADDRESS	6429 HARNEY ROAD	
CITY-ST-ZIP	TAMPA FL 33610	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	GRANOWICZ, DONALD E	
STREET ADDRESS	6429 HARNEY ROAD	
CITY-ST-ZIP	TAMPA FL 33610	
TITLE	VSD	<input checked="" type="checkbox"/> DELETE
NAME	TRACEY, DERMOTT J.	
STREET ADDRESS	6429 HARNEY RD.	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	VSD
4.3 STREET ADDRESS	CHRISTIE JEAN GRANOWICZ
4.4 CITY-ST-ZIP	6429 HARNEY ROAD TAMPA, FL 33610
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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, with all other like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/99 (813) 623-1111
Date Daytime Phone #

CR2E034 (11/98)