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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENTOF STATE

Sandra B. Mortiam

Secretary of Stae

FILED Apr 14 1997 8:00am Secretary of State

| | 1997 | | DIVISION OF | CORPO | ATIONS | Societary | or state |
|--|----------------------------------|--|---|-----------------|--|---|---|
| | | J92907 ITERPRISES, INC | (1) c. | | | | |
| Principal Place of Business 3455 26TH AVE VERO BCH. FL 32960 US | | Mailing Address 7615 BUTLER LN PT. ST. LUCIE FL 34996-3202 US | | | - | | |
| 00 | | | 00 | | | | Date of Last Report //17/1996 |
| 2. Principa Pi 21 | lace of Business | | 26 1345 Sunsa | e+ f | t, LANE | 4. FEI Number 65-0016427 | Applied For Not Applicable |
| Suite Apt. | | | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & Stati | () | | City & State 28 Vero Beac | h,F | lorioa | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| Z p 24 | 25 | Country | Zip 29 32563 | | us A | 8. This corporation has liability for intangle Florida Statutes Yes | ole tax under s. 199.032, |
| TILT | 9. Name and . ON, REN | Address of Current F | Registered Agent | | 81 Name | 10. Name and Address of New Registers | d Agent |
| 7615 BUTLER LN PT. ST. LUCIE FL 34986 | | | | 82 Street Addre | et Address (P.O. Box Number is Not Acceptable) | | |
| , , , | 01. <u>1001</u> 2 12 0 | 1000 | | | 83 | | |
| | | | | 84 City | F | L 85 Zip Code | |
| SIGNATURE | Milamiliar with a | account the bligation of right and of right speed agent a OF FICE RS AND I | red felle if applicable (NO | | red Agent signature require | oration submits this statement for the purpose ion's board of directors. I hereby accept the a company of the purpose of when reinstating) ADDITIONS/CHANGES TO OFFICERS A | 3 19) |
| TIPLE NAME STREET ADDRESS | DP TILTON, REN 7615 BUTLER | | DELETE | 1.1 | TITLE AME TREET ADDRESS | | Change Addition |
| City - SI - 7IF | PT. ST. LUCIE | | 25.000 | 1,4 | TY-ST-ZIP | | To Colored To Colored |
| TITLE NAME STHEET ADDRESS | | | ☐ DELETE | 21 22 23 | REEY ADDRESS | | Change Addition |
| OTY ST-ZP TITE NAME | | | DELETE | 3.1 | TY-S7-ZIP LE IME | | Change Addition |
| STREET ADORESS | | | | 3.3 | REET ADDRESS | | |
| TITLE NAME STREET ADDRESS | | | DELETE | 41 | LE AME REET ADDRESS | | Change Addition |
| CHY-\$1-7# 1H.F | | | DELETE | 4.4 5.1 | Y-ST-ZIP | | Change Addition |
| NAME STREET ADDRESS | | | | 52 53 | ME PREET ADORESS | | |
| DTY-SI-74P TILE NAME | | | ☐ DELETE | 5.4 6.1 | TY-ST-ZIP TLE AME | | Change Addition |
| STREET ADDRESS CHY-SU-ZIP | | | | 6.5 6.5 | TREET ADDRESS | | |
| 14. Loo here: | n indicated on this | s annual report or sub | with this filing does not qual permental annual report is e receiver or trustee empoy n an attachment with an ad | true and | exemption stated | d in Section 119.07(3)(i), Ftorida Statutes. I furt my signature shall have the same legal effect rt as required by Chapter 607, Florida Statutes | ' as it made under nath' tha |

SIGNATURE:

exemption stated in Section 118.07(3)[i], Florida Statutes 1 further certify that the accurate and that my signature shall have the same legal effect as if made under oath; that execute this report as required by Chapter 607, Florida Statutes; and that my name