## SECONO NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

**PROFIT CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Sep 19 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

1. Corporatio	MEN I n Name ENTERPI		<b>J95858</b> , INC.		(3)					 		<u>                                    </u>	D)
Drivet of Direct	a al Direte			B 4 = '''	in a Address								
Principal Place of Business					Mailing Address							· minii Giali Ali	*** 41811 1581
250 POWER ( SANFORD FL US		250 POWER CT. SANFORD FL 32771 US					DO NOT WRITE IN THIS SPACE						
									3. Date incorporated or Qualified 3a. Date of Last Report			Report	
<u> </u>								10/02/1987	08	1/12/1996	i		
2. Principal P		2a. Mailing Address				<b>~</b>	4, FEI Number		<u> </u>	pplied for			
21 1683 Suite, Apt		26 1683 BERRDALL AVE					HVE	59-2867546			ot Applicable   Additional		
	15°B	27 # \63						5. Certificate of Status Desired		T	equired		
City & State			City & State					6. Election Campaign Financing			May Be		
	FORT	28 SANFORD FLORIDA				RIE	Ac	Trust Fund Contribution			to Fees		
Zip		T	ountry りら	Z	²ip		Countr	у		8. This corporation owes or has p			·
24 337						<u>ی چ</u>	<u> </u>	Personal Property Tax due June					
			ddress of Current	Hegiste	red Agent		81	Nan		10. Name and Address of New R	gistered	Agent	
	CKAY, JA							Ivai					
	POWER					Stre	el Addre	oss (P.O. Box Number is Not Accepta	ble)				
) SA	NFORD FL		·			-				<del></del>			
							L					_:	
							84	City			FL	85 Zip	Code
11. Pursuant	to the provi	sions of	Sections 607.0502	and 607	1508, Florida Sta	atutes, t	he abov	/e-nam	ed corpo	oration submits this statement for the		f changing i	its registered
agent la	registered a m familiar v	gent, or vith, and	both, in the State of accept the obligati	f Florida ions of, S	. Such change w Section 607.0505,	as auth Fiorida	orized b Statute	y the c s.	orporation	oration submits this statement for the on's board of directors. I hereby acce	pt the app	ointment as	s registered
SIGNATURE	Signature type	d or printe	d name of registered agent	and little if a	nonicable (I	NOTE: Rei	sistered Ac	ont signa	ture require	d when reinstating)	DATE		
12.			OFFICERS AND				13.			ADDITIONS/CHANGES TO OFFI	CERS AND	DIRECTO	RS IN 12
TITLE	PD				DELETE		1.1 TITLE					Change	Addition
NAME	MACKA						1.2 NAME						
STREET ADDRESS	250 PO		CT			l	1.3 STREE	T ADDRES	S				
CITY-ST-ZIP	SANFO	RD FL					1.4 CITY-	ST-ZIP					
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NAME							3.2 NAME						
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STREET ADDRESS						ı	6.3 STREE		8				
CITY-ST-ZIP							6.4 CITY-	51 - ZIP					

14. I do 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.