SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(3)

FILED Aug 19 1998 8:00am Secretary of State

Principal Place	T ENTERPRISES, INC. Se of Business NUE EACH FL 32951	Mailing Address 218 FIFTH AVENUE MELBOURNE BEACH	FL 329	51		DO NOT WRITE IN THIS 3. Date Incorporated or Qualified	
						06/13/1988	
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	Applied For
21 26						59-2898502	Not Applicable
Sulte, Apt. #, etc. Suite, Apt. #,			lc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
22 27						E Clarifor Compain Figure	
23		(28)				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip		Zip Country			B. This corporation owes or has paid the curr		
24	25	29	3	30		Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curre	ent Registered Agent				10. Name and Address of New Registered	Agent
	RITT, JACK			81	Name		
218 FIFTH AVENUE MELBOURNE BEACH FL 32951				82 83	Street Add	dress (P.O. Box Number is Not Acceptable)	
				84	City		85 Zip Code
					Oily	FL	
office or	registered agent, or both, in the Stat am familiar with, and accept the obli- Signeture, typed or printed name of registered ag	te of Florida, Such change gations of, section 607.05	was au 05, Flori	thorized by da Statutes	the corpora	coration submits this statement for the purpose of chation's board of directors. I hereby accept the appoint	ntment as registered
12.		ND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TITLE	P	DELE	TE	1.1 TITLE			Change Addition
NAME	BURRITT, JACK OLIVER			1.2 NAME			-
STREET ADDRESS	218 FIFTH AVENUE			1.3 STREET	ADDRESS .		
CITY-ST-ZIP	MELBOURNE BEACH FL			1.4 CITY-ST-	ZIP		
THILE		DELE	TE	2.1 TITLE		į	Change Addition
NAME				2.2 NAME			
STREET ADDRESS				2.3 STREET.			
CITY-ST-ZIP TITLE				2.4 CITY-ST- 3.1 TITLE	ZIP		
NAME		L DELE	11	3.1 TITLE 3.2 NAME		•	Change Addition
STREET ADDRESS				3.2 NAME	ADDRESS		
CITY-ST-ZIP				3.4 CITY-ST-			
TITLE		DELE	TE	4.1 TITLE			Change Addition
NAME		0	-	4.2 NAME		,	
STREET ADDRESS				4.3 STREET	ADDRESS		
CITY-ST-ZIP				4.4 CITY-ST-	ZIP		
TITLE	DELETE 5.		5.1 TITLE	TITLE Change		Change Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET	ADDRESS		
CITY-ST-ZIP				5.4 CITY-ST-	ZIP		
TITLE	'	DETE	TE	6.1 TITLE		Į.	Change Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET	ADDRESS		
CITY-ST-ZIP		U Al to Entro A	7	6.4 CITY-ST-	ZIP		

I nereby certify that the information supplied with this filling 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.

WAGNO BURRITT