Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90151 017 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999

STREET ADDRESS CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCU	MENI # K4098	1			
1. Corporatio	INTERPRISES OF NASSAU				
Principal Plac	e of Business	Mailing Address		E INBERIU DE RIBU DRÉID IOIDE (BIOLÈID) DIA	tit Bebli Bibit Bedet Bibit Bibit iabt
% DONNIE HO	WARD	% DONNIE HOWARD			
ROUTE 1. BOX 206-C ROUTE 1. BOX 206-C					
BRYCEVILLE FL 32009		BRYCEVILLE FL 32009		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualifed	
-				10/25/1988	
 , '		2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2914580	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27			Fee Required
City & Sta	le .	City & State		6. Election Campaign Financing	\$5.00 May Be
23	Country	28	Country	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	Intangible
24	9. Name and Address of Curre		30	Personal Property Tax. 10, Name and Address of New Registers	
	9. Name and Address of Curi	ent Registered Agent	81 Name	To, Name and Address of New Neglater	sa Agent
HO/	vard, donnie				
ROUTE 1, BOX 206-C			82 Street Add	dress (P.O. Box Number is Not Acceptable)	{
BRYCEVILLE FL 32009			83		
			84 City		85 Zip Code
44 5		-1 CO7 4FOR FI-11- CH-11-			
office or	to the provisions of Sections 607.05 registered agent, or both, in the Stat	e of Florida. Such change was a	es, the above-hamed cor uthorized by the corporat	rporation submits this statement for the purpose tion's board of directors. I hereby accept the ap	pointment as registered
agent. I a	m familiar with, and accept the oblig	gations of, Section 607.0505, Flo	rida Statutes.		
SIGNATURE					
	Signature, typed or printed name of registered ag		Registered Agent signature requir		AND DIDECTORS IN 12
12.	,	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	Change Addition
TTLE .	D LIGHTON	□ belere	1.1 TITLE		C) Change Addition
NAME	HOWARD, JAMES		1.2 NAME		}
STREET ADDRESS			1.3 STREET ADDRESS		
CITY-ST-ZIP	BRYCEVILLE FL		1.4 CITY-ST-ZIP		
TITLE	0	☐ DÉLETE	2.1 TITLE	**	☐ Change ☐ Addition
NAME	HOWARD, DONNIE		2.2 NAME		*
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP	-BRYCEVILLE FL		2.4 CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·
TITLE	·	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		. 1
STREET ADDRESS			3.3 STREET ADDRESS		Ì
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4, 2 NAME		1
STREET ADDRESS			4.3 STREET ADDRESS		}
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME	•	•
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	1		6.2 NAME		\

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 suppliemental 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: