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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # K59153

CORPOR	NATE ENTERPRISES, INC.			
Principal Place	of Business	Mailing Address		I IBBURKI OGA BILLA KULUK KULUK LIKU BILUK BIUK BIUK BIUK BIUK ULUK BIUK BIUK BIUK BIUK BIUK BIUK BIUK BI
4100 CORPORATE SOUARE NAPLES FL 34104 4100 CORPORATE SOUARE NAPLES FL 34104				DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualifed
				01/18/1989
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number . Applied For
94		26		65-0093088 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible
24	25	29 30		Personal Property Tax. ☐ Yes ☐ No
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registered Agent
			81 Name	DYNICE L. CHERY!
DYNICE, CHERYL			82 Street	DYNICE L. CHERYL Address (P.O. Box Number is Not Acceptable) 2 2 IN PUSTEL BL BLY).
4400 CORPORATE SQUARE				1 Address (P.O. Box Number is Not Acceptable) 222 IN PUSTEL BL BLY).
NAPLES FL 34104			83	
			84 City	NAPLES FL 85 Zip Code 34104
44. Described the application of Sections 607 0502 and 607 1509. Elevide Statutes, the above named cornoration submits this statement for the number 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 favfullar with, and accept the objigations of, Section 607.0505, Florida Statutes.				
	MI KONIN 1 XI	itions of, Section 607.0505, Florida	a Statutes.	April 23, 99
SIGNATURE	Signature, typed of printed name of registered and	nt and title if applicable. (NOTE: Re	gistered Agent signature	e required when reinstating) DATE
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PT .	DELETE	1.1 TITLE	⊋ ☐ Change ☐ Addition
NAME	AMRHEIN, ADOLF	·	1.2 NAME	BYNICE; L. CHERYL
STREET ADDRESS	4100 CORPORATE SQUARE		1.3 STREET ADDRESS	1 - 1
CITY-ST-ZIP	NAPLES FL 34104	_	1.4 CITY-ST-ZIP	NAMES ELZHOY
TITLE	DT	DELETE	2.1 TITLE	AMRHEIN A. ABOLF Change Addition AMRHEIN A. ABOLF S 222 INJUSTRIAL BUD.
NAME	DYNICE, CHERYL	.*	2.2 NAME	AMPHEIN A. MUCLE
STREET ADDRESS	4100 CORPORATE SQUARE	ļ	2.3 STREET ADDRESS	s 222 INJUSTRIAL DUY.
CITY-ST-ZIP	NAPLES FL 34104		2. 4 CITY-ST-ZIP	NAPLES, FL 34104
TITLE		☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	s
CITY-ST-ZIP			3.4. CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	s
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	•
STREET ADDRESS			5.3 STREET ADDRESS	··
CITY-ST-ZIP	•		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	•		6.2 NAME	
STREET ANDRESS	[6.3 STREET ADDRESS	s

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 amaddress, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90015 046 ***158.75