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

**PROFIT CORPORATION ANNUAL REPORT** 



Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # K73563

(4)

JENRICH ENTERPRISES, INC.

**FILED** Apr 30 1997 8:00am Secretary of State



Principal Place of Business Mailing Address						
C/O EDWIN JI		Mailing Address C/O EDWIN JENRICH				
246 COUNTRY		246 COUNTRY CLUB ROAD				
SHALIMAR FL	32579	SHALIMAR FL 32579-2216				1
					<ol> <li>Date Incorporated or Qualified</li> <li>03/17/1989</li> </ol>	3a. Date of Last Report 05/01/1996
	Place of Business	2a, Mailing Address			4. FEI Number	Applied For
21 #NRI	CH ENTERPRISES, INC.	26	· ·		59-2944431	Not Applicable
<b>₹</b>	ary Esther Cutoff	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
FI Wat	ton Beach, FL 32548	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Countr	У	8. This corporation has liability for in	ntangible tax under s. 199.032,
24	25	29 3	0			Yes No
	9. Name and Address of Current I	Registered Agent	81	IT Name	10. Name and Address of New Reg	pistered Agent
JEN	IRICH, EDWIN		6	Name		
246 COUNTRY CLUB ROAD				82 Street Address (P.O. Box Number is Not Acceptable)		
SHA	ALIMAR FL 32579		83			
				1		
			84	City		FL 85 Zip Code
11, Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	the abov	.L /e-riamed	corporation submits this statement for the p	
office or	registered agent, or both, in the State of am familiar with, and accept the obligation	Horida Such change was au	thorized b	y the corp	corporation submits this statement for the p loration's board of directors. I hereby accep	the appointment as registered
SIGNATURE	and the transfer and the transfer and	one of decelor derived by hear	cia otaloic			
SIGNATURE	Signature, typed or printed name of registered agent a	and title frappicable (NOTF)	Registereo Ag	ent signature	required when reinstating)	DVJE
12.	OFFICERS AND I	the second control of	13.		ADDITIONS/CHANGES TO OFFIC	
TITLE	VP K	☐ DELFTE	1.4 THLE			Change 🔲 Addition
NAME	110000017 0111110111111111		1.2 NAME		Wookey	
STREET ADDRESS	871 MANDE CT SHALIMAR FL		B .	LADDRESS	~ /	
CITY-ST-ZIP TITLE	STALIMAN FL	DELETE	1.4 CITY - 2.1 TILLE	S1 - ZIP		Change Addition
NAME		C) with	2.2 NAME			C Onlings C Addition
STREET ADDRESS			1	1 ADDRESS		
CITY-ST-ZIP			2.4 City			
TITLE	<del></del>		3 1 TITLE	<u> </u>		Change Addition
NAME			3.2 NAME			·
STREET ADDRESS			3 3 S1R£6	I ADDRESS		
CITY-ST-ZIP			3.4. CITY	S1-7IP		
TITLE		DELETE.	E 4.1 TITLE			Change Addition
NAME			4. 2 NAMI			}
STREET ADDRESS			4.3 STREE	1 ADDRESS		
CITY-ST-ZIP			4.4 CITY -	S1 - 7(P		
TITLE		☐ DELETE	5 1 7111.6			Change Addition
NAME			5.2 NAME			
STREET ADDRESS				1 ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.4 CITY -	S1-ZIF		Change Addition
		☐ DETERT	6.1 THLF			CT Availie CT Vacillion
NAME .			6.2 NAME	7.4500000		
STREET ADDRESS				1 ADDRESS		
CITY-ST-ZIP	by codity that the information a my lied in	with this tains does not smaller	6.4 CITY	SI-ZIP	alad in Section 110 07/9/6) Useida Statutos	I further postify that the

I have been understanding the supplied with this timing does not qualify for the exemption stated in Section 119.07(3)(1). 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 eath; that I am an officer or director of the corporation or the record of 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.