PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED May 03, 1999 8:00 am Secretary of State

05-03-1999 90076 028 ***150.00

DOCUMENT # **K74276**

1. Corporation Name

| ARISE ENTERPRISES, INC. | | | | | | | * * 4 . | 130 L. L. | |
|---|---|--|--|-----------------|-----------------|---|----------------|----------------|-------------|
| , | रहित परितृत परिति वेदान पांच हर्ष्य स्थान स्थापन | · · · · · · · · · · · · · · · · · · · | | | | | | | |
| Oringinal Place | on of Business | Mailing Address | | | | | | DIA BARAH BARA | |
| , | | | | | | , | | | |
| 3113 NEWTOWN BLVD. 3113 NEWTOWN BLVD. SARASOTA FL 34234 SARASOTA FL 34234 | | | | | · · · | | | | · |
| | | | | | - | DO NOT WRI | TE IN THIS | SPACE | |
| | | | | | - 1 | 3. Date Incorporated or Qualifed 03/21/1989 | | | |
| 2. Principal Place of Business 2a. Mailing Address | | | | | | 4. FEI Number | | I A | plied For |
| 21 22. Frincipal Flace of Business 22. Welling Address 26. | | | | | | 65-0215576 | Not Applicable | | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | | | \$8.75.Additional | | | |
| 22 | | 27 | | | | 5. Certifcate of Status Desired | | Fee R | equired |
| City & State City & State | | | | | | 6. Election Campaign Financing | | \$5.00 | May Be |
| 23 28 | | | | | | Trust Fund Contribution | <u></u> | Added | to Fees |
| Zip | Country | Zip | Country | | | 8. This corporation owes the curr | ent year Inta | | |
| 24 | 25 | 29 3 | 0 | | | Personal Property Tax. 10. Name and Address of New F | logistared : | Yes | □No |
| | 9. Name and Address of Currer | nt Registered Agent | 81 | Name | | 10. Name and Address of New P | egistereu i | -tgent | |
| GILL | .iam, irving | | L | | | | | | |
| 3113 NEWTOWN BLVD. | | | 82 Street Address | | Addres | s (P.O. Box Number is Not Accepta | ible) | | • |
| SAR | ASOTA FL 34234 | | 83 | | | | • | - 4 | |
| | | | | | | | | [-: | |
| | | | 84 | City | | | FL | 85 Zip | Code |
| 11. Pursuant | to the provisions of Sections 607.050 | 02 and 607.1508, Florida Statutes | , the abov | e-named | corpora | ation submits this statement for the | purpose of | changing its | registered |
| office or s | registered agent, or both, in the State am familiar with, and accept the obliga- | of Florida. Such change was auti | horized by | the corpo | oration' | s board of directors. I hereby accep | ot the appoir | itment as re | gisterea |
| SIGNATURE | in lamma way and assept the estiga | • | | | | | | | } |
| SIGNATURE | Signature, typed or printed name of registered age | ent and title if applicable. (NOTE: Ri | egistered Age | nt signature re | equired w | hen reinstating) | DATE | | |
| 12. | | ND DIRECTORS | 13. | | | ADDITIONS/CHANGES TO OF | FICERS AN | | |
| TITLE | D CULTARA IBURNIO | ☐ DELETE | 1.1 TITLE | | | | | Change | ☐ Addition |
| NAME | GILLIAM, IRVING | | 1.2 NAME | | | | | | |
| STREET ADDRESS | "3113 NEWTOWN BLVD. SARASOTA FL | | | TADDRESS | | | | | |
| CITY-ST-ZIP TITLE | SARASUTA FL | ☐ DELETE | 1.4 CITY-S 2.1 TITLE | 11-2119 | | <u> </u> | | ☐ Change | Addition |
| NAME | | C Detters | 2.2 NAME | | | | | | _ |
| STREET ADDRESS | | | l | T ADORESS | | • | | | |
| CITY-ST-ZIP | · | | 2. 4 CITY-1 | | | | • | | 1 |
| TITLE | | ☐ DELETE | 3.1 TITLE | ., | | | | · Change | Addition |
| NAME | | | 3.2 NAME |] | | | | | |
| STREET ADDRESS | | | 3.3 STREE | TADDRESS | | | | | ļ |
| CITY-ST-ZIP | | | 3.4. CITY-5 | ST-ZIP | | | | | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | | | | Change | ☐ Addition |
| NAME | | | 4. 2 NAME | | | | | | ļ |
| STREET ADDRESS | | | 4.3 STREE | T ADDRESS | | | ~ | | į |
| CITY-ST-ZIP | | | 4.4 CITY-S | T-ZIP | | , , , , , , , , , , , , , , , , , , , | | | |
| TITLE | | | 5.1 TITLE | | | | | | |
| NAME | | ☐ DELETE | | ŀ | | | | ☐ Change | Addition |
| STREET ADDRESS | | ☐ DELETE | 5.2 NAME | | | | | □ Change | Addition |
| CITY-ST-ZIP | 1 | ☐ DELETE | 5.2 NAME 5.3 STREE | T ADORESS | | | , | □ Change | Addition |
| | | | 5.2 NAME 5.3 STREE 5.4 CITY-S | 1 | | | | | |
| TITLE | | ☐ DELETE | 5.2 NAME 5.3 STREE 5.4 CITY-S 6.1 TITLE | 1 | - 75° | | | Change | Addition |
| TITLE NAME | | | 5.2 NAME 5.3 STREE 5.4 CITY-S 6.1 TITLE 6.2 NAME | T-ZIP | | | | | |
| TITLE | | | 5.2 NAME 5.3 STREE 5.4 CITY-S 6.1 TITLE 6.2 NAME | T-ZIP | - - | | | | |

CITY+ST-ZIP 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 an address, with all other like empowered.

4-28-99