## 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 # **K97316**

Corporation Name

OUGHTR	ED ENTERPRISES, INC.					
Principal Place	of Business	Mailing Address			4 (ODINIA) BIN INSIA (NUMB SIIN) INDIA DELL AINIT ACHTE BENTI RINIT NEUT ANNIE BENTI ENDI	ı
756 BEACHLAND BLVD VERO BEACH FL 32963 US  756 BEACHLAND BLVD VERO BEACH FL 32963 US  US		756 BEACHLAND BLVD VERO BEACH FL 32963			DO NOT WRITE IN THIS SPACE	_
					3. Date Incorporated or Qualifed	
					06/22/1989	_
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number Applied For	_
21		26			65-0128123 Not Applicable	3
Suite, Apt. #, etc.  22		Suite, Apt. #, etc.			5. Certifcate of Status Desired	
City & State	•	City & State			6. Election Campaign Financing \$5.00 May Be	ſ
23		28			Trust Fund Contribution Added to Fees	_
Zip <b>24</b>	Country 25	Zip 30	Country		8. This corporation owes the current year Intangible Personal Property Tax. Yes ☐ No	
,	9. Name and Address of Curren				10. Name and Address of New Registered Agent	Ц
			81	Name	ı	
COLLINS, GEORGE G JR ESQ 756 BEACHLAND BLVD			82	Street A	t Address (P.O. Box Number is Not Acceptable)	
VERO BEACH FL 32963			83			П
			84	City	FL 85 Zip Code	$\dashv$
				l	1 1 <u> </u>	$\dashv$
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE						- }
	Signature, typed or printed name of registered agen			nt signature re	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	$\dashv$
12.		D DIRECTORS	13.	· T	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	on
TITLE	PD POLICE PAGE	C DELETE				
NAME	OUGHTRED, W L		1.2 NAME			ĺ
STREET ADDRESS	1900 DUNDAS ST W #245			TADDRESS	<i>i</i>	
CITY-ST-ZIP	MISSISSAUGA, ONT CAN	☐ DELETE	1.4 CITY-S	T-ZIP	☐ Change ☐ Addition	
TITLE	VPD	☐ DELETE	2.1 TITLE		. Onlarigo Discours	<i>^</i> ''
NAME	HAGEMAN, SUSAN M.		2.2 NAME			
STREET ADDRESS	1900 DUNDAS ST W #245		2.3 STREE		i	
CITY-ST-ZIP	MISSISSAUGA, ONT CAN			ST-ZIP	☐ Change ☐ Addition	-
TITLE	SD SHOUTDED SPENJAM	☐ DELETE	3.1 TITLE		Cutailite Change	<i>"</i> '
NAME	OUGHTRED, FREDA M.					- {
STREET ADDRESS	1000 20112110 01 11 #2.10			TADDRESS	; 	
CITY-ST-ZIP			3.4. CITY-5	T-ZIP	☐ Change ☐ Additi	
TITLE	TD	☐ DELETE	4.1 TITLE			~ }
NAME	BOND, F. ELISE		4. 2 NAME		•	1
STREET ADDRESS	1000 00,10,10 01 17 2210			TADDRESS	;	Ì
CITY-ST-ZIP	MISSISSAUGA, ONT CAN		4.4 CITY-S	T-ZIP	☐ Change ☐ Additi	<del>_</del>
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME		☐ Change ☐ Adolin	<b>~</b> " {
NAME				TADDRESS		- 1
STREET ADDRESS				f		
CITY-ST-ZIP		☐ DELETE	5.4 CITY-S 6.1 TITLE	1-ZIP	☐ Change ☐ Addition	
TITLE		ריז מברכוב	6.2 NAME	1		
NAME				T ADDDESOS		-
STREET ADDRESS			0.3 STREE	T ADDRESS	<b>'</b>	- 1

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.

6.4 CITY-ST-ZIP

SIGNATURE:

L. Duyter W.L. OUGHTRED P. S. Jan. 27/99 (905)607-5998
ATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Daylone Phone #

R2E034 (11/98)

Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90053 002 \*\*\*150.00