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

PROFIT: CORPORATION **ANNUAL REPORT** 

1999



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Jan 22, 1999 8:00am **Katherine Harris Secretary of State**

. Corporati	JMENT # L01893 INTERPRISES, INC.	3			01-22-1999 9006	0 019 ***150.(	,	
Principal Pla	ace of Business	Mailing Address						
1100 S.E. 5TH		1100 S.E. 5TH CT.						-
#20								
	EACH FL 33060	POMPANO BEACH FL 3306	60		·	RITE IN THIS S	PACE	
ŲS		US			3. Date Incorporated or Qualife	ed		
2. Principal i	Place of Business	2a. Mailing Address			07/13/1989 4. FEI Number			
21	-	26			65-0178917			ot Applicable
Suite, Apt	t. #, etc.	Suite, Apt. #, etc.						Additional
22		27			5. Certifcate of Status Desired		•	equired
City & Sta	ate	City & State			6. Election Campaign Financing	9 -	\$5.00	May Be
23 Zin	Country	28			Trust Fund Contribution	" <sup>_</sup>	Added	to Fees
Zip 24	Country ·	Zip	Country		8. This corporation owes the cu			_
[24]	9. Name and Address of Currer		30		Personal Property Tax.  10. Name and Address of New		Yes	□No
			81	Name	10: Name and Address of New	Registered Ag	geni .	•
KUF	RIAN, WAYNE			5				
1100 SE 5TH CT #20			82	Street Addre	ess (P.O. Box Number is Not Accep	otable)	•	
PON	MPANO BEACH FL 33060	,	83		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<b>国际报</b> 证		
(	•		84	City		<u> 超级性</u>	1331 ; 31;   ne   175-7	() (4) (4) O:11:14
A			1.1	•				Code "
11. Pursuant	t to the provisions of Sections 607.050 registered agent, or both, in the State	2 and 607.1508, Florida Statute of Florida. Such change was at	es, the above-ruthorized by the	named corpor	ration submits this statement for the	e purpose of ch	anging its	registered
agent. I a	am familiar with, and accept the obliga	itions of, Section 607.0505, Flor	rida Statutes.	c corporation	is board or directors. I hereby acci	shr ma abbound	nent as re	gisterea
SIGNATURE								
SIGNATURE	Signature based or printed page of registered one	of and this if any limb?						
12.	Signature, typed or printed name of registered age		Registered Agent si	gnature required v	when reinstating)	DATE ELICEDS AND	DIBECTO	DC IN 12
	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE: ID DIRECTORS		gnature required v	when reinstating) · · · · · · ;  ADDITIONS/CHANGES TO O	FFICERS AND		
12.	Signature, typed or printed name of registered age OFFICERS AN D KURIAN, WAYNE	ID DIRECTORS	Registered Agent signal.	gnature required v		FFICERS AND	DIRECTO Change	PRS IN 12
12.	Signature, typed or printed name of registered age  OFFICERS AN  D  KURIAN, WAYNE  1100 SE 5TH CT #20	ID DIRECTORS	Registered Agent signal 13.			FFICERS AND		
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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.