CECOUR MOTIOE.	<b>CORPORATION W</b>	HIL DE DICCOL	VED ON OR	ACTED SED	TEMBED 45	1000
SECOND NOTICE:	CORPORATION W	HEL BE DISSUL	ACO ON OV	WLICK OF	IEMPEK 19,	1000.
AMOUNT DUE ON O	R REFORE 09/15/99: \$4	ISO HE DISSOLVED	MINIMUM AMOU	NT DUF TO RE	INSTATE: \$750)	

**PROFIT** CORPORATION ANNUAL REPORT

1999

DOCUMENT #



L04585

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED SON OF STATE SON OF CORPORATIONS

99 SEP 30 PM 1:25

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	ENTERPRISES, INC.		) A nedkrent ark bankı bibbi dikler ilerbi dikler	i aran bian bibn bibn bibn bibn bibn bak	
Principal Plac	e of Business	Mailing Address			i Alait bratt siait disti Atelt sidte idd.
#4 COMMERCE PARK PO BOX 5324 DESTIN FL 32541 DESTIN FL 32540				DO NOT WRITE IN	THIS SPACE
				3. Date Incorporated or Qualified	1110 01 X02
			:	07/21/1989	
2. Principal F	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2952429	Not Applicable
State, Apt	#, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Sta	te	City & State		6. Election Campaign Financing	\$5.00 мау Ве
23		28		Trust Fund Contribution	Added to Fees
Ζφ	Country	Zipi	Country	This corporation owes the current year.	ar ED. EM.
24	[25]	[29]	30	Intangible Personal Property.	Yes No
	9. Name and Address of Curre	nt Registered Agent	81) Name	10. Name and Address of New Registe	ered Agent
AIH.	MES. JOHN K		} } ```		
	I CALHOUN AVENUE		82 Street Add	ress (P.O. Box Number Is Not Acceptable)	00112 2
	STIN FL 32541		83	<u> </u>	06117 3 901084018
1	011112 04011		63	-1U/U5/3	ენ <u>*****</u> [[[] 1][]
			84 City	***1650	.00 <b>***</b> **550.00
<b>11</b> . คนารบลก	It to the provisions of sections 607.050	2 and 607.1508, Florida Statute	es, the above-named corpo	pration submits this statement for the purpose	of changing its registered
office or agent f	registered agent, or both, in the Stati am familiar with, and accept the oblig	e of Florida. Such change was a gations of, section 607,0505, Fl	authorized by the corporat orida Statutes.	oration submits this statement for the purpose ion's board of directors. I hereby accept the a	appointment as registered
SIGNATURE	Styriciture, typed or printed name of registered agr	All All	OTE Registered Agent signature req	a word united estimated local	ATE .
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICER	
TITLE	1 P	TOELETE	1.1 TITLE		Change Addition
NAME	HIMES, JOHN K				
STREET ACHIRESS	151 CALHOUN	•	1.2 NAME		Z Curante T vocaron S
	131 ONLHOUN	<b></b>	1.2 NAME 1.3 STREET ADDRESS		280 Marine C. Montage 1
OPVISAZIE	DESTIN FL	•			Second Action 1
CHYSTZIF TITLE		[ ] DELETE	1.3 \$TREET ADDRESS		Change Addition
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14. Thereby certify that the integration 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 office/for director of the compression 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 chails d, or on an attachment with an address.

SIGNATURE: '