FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -8 AM 8:40

DOCUMENT # L06866 (2)

1. Corporation Name
ENERGETIC ENDEAVORS, INC.

Principal Place of Business	Mailing Address
12500 SW 88TH ST ~~7600 S W 57TH AVE SUITE 201~~ MIAMI FL 33186 US	~~7600 SW 57TH AVE~~ ~~SUITE 201~~ ~~SOUTH MIAMI FL 33143~~ ~~US~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/31/1989	3a. Date of Last Report: 08/04/1994
4. FEI Number: 65-0139498	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21: 12580 S.W. 88 St	26: 12580 S.W. 88 St.
22: Suite, Apt. #, etc.	27: Suite, Apt. #, etc.
23: City & State: MIAMI FLA	28: City & State: MIAMI FLA
24: Zip: 33186 25: Country: US	29: Zip: 33186 30: Country: US

9. Name and Address of Current Registered Agent

KYNE, JAMES P.
~~7600 S W 57TH AVE~~
~~SUITE 201~~
~~SOUTH MIAMI FL 33143~~

10. Name and Address of New Registered Agent

81 Name: JAMES P. KYNE
82 Street Address (P.O. Box Number is Not Acceptable): 5581 S.W. 70 PLACE
83
84 City: MIAMI FL 85 Zip Code: 33155

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: James P Kyne Atty DATE: 3 FEB 95
(Signature of new registered agent and title, if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	KYNE, KAREN	12 NAME	
STREET ADDRESS	22150 SW 154 AVE	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	
TITLE	DVT	21 TITLE	☐ Change ☐ Addition
NAME	KYNE, JAMES	22 NAME	
STREET ADDRESS	5581 S.W. 70 PLACE<	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	
TITLE	DS	31 TITLE	☐ Change ☐ Addition
NAME	STREIT, LESLIE	32 NAME	
STREET ADDRESS	11261 S.W. 144TH AVE.	33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: James P Kyne 3 Feb 95 305 6660171
(SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER OR DIRECTOR) (Date) (Daytime Phone #)
JAMES P. KYNE Vice Pres.

01B3731 CP