

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

FILED
May 13 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # L39262 (5)
1. Corporation Name
ORANGE NAPLES ENTERPRISES, INC.



Principal Place of Business
3111 STIRLING ROAD
SUITE 138-B
FT. LAUDERDALE FL 33312

Mailing Address
3111 STIRLING ROAD
SUITE 138-B
FT. LAUDERDALE FL 33312

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3620 N 53 AVE Suite, Apt. #, etc. 22 City & State 23 HOLLYWOOD FL Zip Country 24 33021 25		2a. Mailing Address 26 3620 N 53 AVE Suite, Apt. #, etc. 27 City & State 28 HOLLYWOOD FL Zip Country 29 33021 30		3. Date Incorporated or Qualified 12/28/1989	
				4. FEI Number 65-0300263 Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

GOLAN, AMNON
3111 STIRLING RD.
SUITE 138-B
FT. LAUDERDALE FL 33312

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
3620 N 53 AVE
83
84 City HOLLYWOOD FL 85 Zip Code 33021

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 agent and his, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PSD	<input type="checkbox"/> DELETE
NAME	GOLAN, AMNON	
STREET ADDRESS	3111 STIRLING ROAD, SUITE 138-B	
CITY-ST-ZIP	FT. LAUDERDALE FL 33312	
TITLE	VPTD	<input type="checkbox"/> DELETE
NAME	GOLAN, DINA	
STREET ADDRESS	3111 STIRLING ROAD, SUITE 138-B	
CITY-ST-ZIP	FT. LAUDERDALE FL 33312	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	SCHACHTEL, SARI	
STREET ADDRESS	3111 STIRLING ROAD, SUITE 138-B	
CITY-ST-ZIP	FT. LAUDERDALE FL 33312	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	3620 N 53 AVE
1.4 CITY-ST-ZIP	HOLLYWOOD FL 33021
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	3620 N 53 AVE
2.4 CITY-ST-ZIP	HOLLYWOOD FL 33021
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	3620 N 53 AVE
3.4 CITY-ST-ZIP	HOLLYWOOD FL 33021
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/27/98 954-9810702

CR2E034 (10/97)