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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #** L55937

(1)

**FILED** 

Feb 25 1998 8:00am

Secretary of State

	ENTERPRISES, INC.							
Principal Place	e of Business	Mailing Address				4 130(131) 001 E(10) 01(4) (5100 1(1)) 3001 0	(B) 1 B1B1C B1411 B1914 B181	• =/511 127:
			801 AVENUE OF THE AMERICAS INGLEWOOD FL 34224		DO NOT WRITE I	N THIS SPACE		
						3. Date Incorporated or Qualified		
						03/05/1990		
2. Principal Pi	ace of Business	2a. Mailing Address	3			4. FEI Number		plied For
21		26				58-1475095		t Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc	<b>3.</b>			5. Certificate of Status Desired	□ \$8.75 / Fee Re	
City & State		City & State				C Floring Compaign Financing	\$5.00	<del>-</del>
	e	28				Election Campaign Financing     Trust Fund Contribution	Added 1	
Zip	Country	Zip Zip	Co	ountry		8. This corporation owes or has paid		
24	25	29	30	-		Personal Property Tax due June 3		] No
<del>1</del>	9. Name and Address of Curre					10. Name and Address of New Regi	stered Agent	
FIN	IEO, CARLO			81	Name			
2801 AVENUE OF THE AMERICAS				82	Street Ad	dress (P.O. Box Number is Not Acceptable	)	
ENGLEWOOD FL 34224								
				83				
				84	City		85 Zip (	Code
				1 1	•		- <b>FL</b>	
agent la	m familiar with, and accept the oblig	gations of, Section 607.050	05, Florida St	tatutes.	•	orporation submits this statement for the puration's board of directors. I hereby accept		
SIGNATURE	Signature, typied or printed name of registered as	geof and title if applicable	(NOTE: Registe			quired when reinstating)	DATE	
12.	OFFICERS AN	ND DIRECTORS	13	red Agen			DATE RS AND DIRECTOR	AS IN 12
12.	OFFICERS AN		13 IE 1.1	ered Ageni ). TITLE		quired when reinstating)	DATE	
12. TITLE NAME	P FINEO, CARLO	NO DIRECTORS DELET	13 IE 1.1 12	ored Agent D. TITLE NAME	il signature re	quired when reinstating)	DATE RS AND DIRECTOR	IS IN 12
12. TITLE NAME STREET ADDRESS	P FINEO, CARLO 8190 CASA DE MEADOWS I	NO DIRECTORS DELET	13 IE 1.1 12 1.3	TITLE NAME	al signature rei	quired when reinstating)	DATE RS AND DIRECTOR	IS IN 12
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FINEO, CARLO 8190 CASA DE MEADOWS I ENGLEWOOD FL	NÓ DIRECTORS DELET	13 E 1.1 12 1.3 1.4	TITLE NAME STREET A	ADDRESS	quired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE RS AND DIRECTOR Change	Addition
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12. THE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME	P FINEO, CARLO 8190 CASA DE MEADOWS I ENGLEWOOD FL S FINEO, AUDREY	NO DIRECTORS  DELET  DELET	13 E 1.1 12 13 1.4 E 2.1 2.2	TITLE NAME STREET A CITY-ST TITLE	ADDRESS	quired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE RS AND DIRECTOR Change	Addition
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I nereby 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:

Junes AUDREY M. FINED