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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

FILED

Jan 25, 1999 8:00am

Secretary of State

01-25-1999 90034 002 ***158.75

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

| 1. Corporation | MEN 1 # L58265 ENTERPRISES, INC. | _ | | | | |
|--|--|--------------------------------------|--|---|---|-------------------|
| | | | | . | | |
| | e of Business | Mailing Address | | | 'III MINII BINII BINII BINII NINII RINI | 7) L EG I |
| 789 S FEDERAL HWY #308 STUART FL 34994 | | 789 S FEDERAL HWY STUART FL 34994 | #308 | in the second | | |
| ŲS | • | US . | | DO NOT WRITE | N THIS SPACE | |
| - | · ' | · | | 3. Date Incorporated or Qualifed 03/19/1990 | | |
| 2. Principal P | Place of Business | 2a. Mailing Address | • | 4. FEI Number | Applied F | or |
| 21 | | 26 | | 65-0183138 | Not Appli | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | 5. Certifcate of Status Desired . | \$8.75 Addition Fee Required | |
| City & Stat | te | City & State | | 6. Election Campaign Financing | 7 \$5.00 May B | 3e |
| 23 | | 28 | | Trust Fund Contribution | Added to Fees | S |
| Zip . | Country | Zip | Country | 8. This corporation owes the current | · <u>-</u> - | |
| 24 | 25 | 29 | 30 | Personal Property Tax. | ☐ Yes ☐ No | |
| | 9. Name and Address of Current | Registered Agent | 81 Name | 10. Name and Address of New Reg | stered Agent | |
| EDD | Y, JAMES R | | V. Hallie | | | |
| 2401 E. ATLANTIC BLVD | | | 82 Street Add | ress (P.O. Box Number is Not Acceptable |) | |
| SUITE 314 | | | 83 | 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | e i varevi i i kan karaji ravi sa sabah girja Cili sirah na hin binda Pilas dakan dila | 2, 18 C. |
| POM | POMPANO BEACH FL 33062 | | | | 部門的語類類 | |
| , | | | 84 City | A STATE OF THE WORLD | 85 Zip Code | कर र शिक्षक |
| 11 Durenent | to the provisions of Sections 607 0500 | 2 and 607 1508. Florida Si | atutes the above-named com | poration submits this statement for the pur | nose of changing its registr | ared |
| office or i | registered agent or both in the State of | of Florida: Such change w | as authorized by the cornoration | on's board of directors. I hereby accept th | e appointment as registere | d |
| agent. La | m familiar with, and accept the obligat | ions of, Section 607.0505 | Florida Statutes. | | | |
| SIGNATURE | Signature, typed or printed name of registered agen | | NOTE: Registered Agent signature require | od when reinstating) | DATE | - |
| 12. | OFFICERS AN | | 13. | ADDITIONS/CHANGES TO OFFIC | ERS AND DIRECTORS IN | 12 |
| TITLE | PD | ☐ DELET | 1.1 TITLE | | ☐ Change ☐ A | Addition |
| NAME | MACARI, JOHN | | 1.2 NAME | | | |
| STREET ADDRESS | 789 S FEDERAL HWY #308 | | 1.3 STREET ADDRESS | | • | |
| CITY-ST-ZIP | STUART FL 34994 | | 1,4 CITY-ST-ZIP | | | |
| TITLE | | ☐ DELET | 2.1 TITLE | | Change A | Addition |
| NAMÉ , | : | | 2.2 NAME | | | |
| STREET ADDRESS | | • | 2.3 STREET ADDRESS | • | | |
| CITY-ST-ZIP | <u> </u> | • | 2.4 CITY-ST-ZIP | | | |
| TITLE STATE | STATE OF THE STATE | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ A | Addition |
| NAME | The state of the s | | 3.2 NAME | | | |
| STREET ADDRESS | 2 2 443 - 20 50 . The case of the | | | | | |
| CITY-ST-ZIP | [42] N. S. | • | 3.3 STREET ADDRESS | 1,000 | 14.50% (|]: 1 2 1); |
| Ott (- O I - Zii ; | Estate of the second | • | 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP | | こうない まなしょう 多規 としば疾す者 | 31.5 |
| TITLE | ন্দ্ৰী উন্ধান । তহাসন্থাৰ কোন কৰা কৰা কিছে কৰা কৰা । বিশ্বসাহী স্বিধান কোন কৰা । | | 3.4. CITY-ST-ZIP | | | 31.5 |
| TITLE | a da las suas como | DELETE | 3.4. CITY-ST-ZIP | | ☐ Change ☐ A | Addition |
| 1 1,11 | | DELETE | 3.4. CITY-\$T-ZIP 4.1 TITLE | | ☐ Change ✓ ☐ A | Addition |
| NAME S PROGRAM | a da las suas como | * | 3.4. CITY-\$T-ZIP 4.1 TITLE 4.2 NAME | | ☐ Change ☐ A | Addition |
| NAME TROPESS | a da las suas como | * | 3.4. CITY-\$T-ZIP 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-\$T-ZIP 5.1 TITLE | | □ Change □ □ A | Addition |
| NAME STREET ADDRESS CITY-ST-ZIP | a da las suas como | 5 3 (7) 6) 4 (7) | 3.4. CITY-\$T-ZIP 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-\$T-ZIP | | □ Change □ □ A | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | | 5 3 (7) 6) 4 (7) | 3.4. CITY-\$T-ZIP 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-\$T-ZIP 5.1 TITLE | | □ Change □ □ A | Addition |
| NAME FEOLIS, STREET ADDRESS CITY-ST-ZIP TITLE NAME | P0 | SCALETE | 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | | Change A | Addition |
| NAME FELLING STREET ADDRESS CTY-ST-ZIP TITLE NAME STREET ADDRESS | | 5 3 (7) 6) 4 (7) | 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | | ☐ Change ☐ A | Addition |

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.

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

CITY-ST-ZIP