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

**PROFIT** 



FLORIDA DEPARTMENT OF STATE

| ANNU   | PORATION<br>JAL REPORT<br>1997   | REPORT Secretary  |  |                                     | of State     |                |   | Secretary of State |                                       |  |                       |  |                        |                 |   |  |
|--|--|---|--|-------------------------------------|--------------|----------------|---|--------------------|---------------------------------------|--|-----------------------|--|------------------------|-----------------|---|--|
| 1. Corporation   | MENT # L.<br>Name<br>NTERPRISES, IN  | 5 <b>8362</b><br>c.   | (9)  |                                     |              |                |   |                    |                                       |  |                       |  |                        | II.             |   |  |
| Principal Place of Business 4521 PARKER AVE. WEST PALM BEACH FL 33405 US |  |   | Mailing Address<br>4521 PARKER AVE.<br>WEST PALM BEACH FL 33405-2801<br>US             |                                     |              |                |   | 1111               | IADAR BUT DIABI ININ                  | H ARATA OTTALA ATOT                    | Oloit Bioti I         | ! <b>                                     </b> | )(1 <b>6</b> 1441 14   |                 |   |  |
|  |  |   |  |                                     |              |                |   | 03/1               | Incorporated c<br>4/1990              | r Qualified                            |                       | te of Last<br><b>04/1996</b>                   |                        |                 |   |  |
| 2. Principal Pl.<br>21   | ace of Business  | 2a. 1   | Mailing Address  |                                     |              |                | 4.  | FEI N              | umber<br><b>-0176334</b>              | ***                                    |                       |  | Applied<br>Vot App     |                 |   |  |
| Suite, Apt 1   | #, etc.  |   | Suite, Apt. #, etc.  |                                     |              | <del>,</del>   | 5.  |                    | icate of Status                       | Desired                                |                       | \$8.75   | Additio                |                 |   |  |
| City & State   |  | ······································  | City & State   |                                     |              |                | 6.  |                    | on Campaign I                         | _                                      |                       | \$5.0  | 0 May I                | Be              |   |  |
| <b>23</b> ]<br>Z(p)  | Count  | ?(p   | Country  |                                     |              |                | Trust Fund Contribution Added to Fees  8. This corporation has fiability for intangible tax under s. 199.032, |                    |                                       |  |                       |  |                        |                 |   |  |
| 24   | 25<br>9. Name and Addr   | 29 ess of Current Registe   | red Agent  | 30                                  |              | <del></del>    | 10  |                    | a Statutes<br>and Address             | of New Re                              | Yes platered          |  |                        |                 |   |  |
|  | IPSEY, W. GLENN  |   |  |                                     | 31           | Name           |   |                    |                                       |  |                       |  |                        |                 |   |  |
|  | S FLAGLER DR   |   |  | ļī.                                 | 12           | Street Add     | ress (  | P.O. Bo            | x Number is N                         | ot Acceptab                            | ole)                  |  |                        | <del></del>     |   |  |
|  | TE 1330<br>St Palm Beach Fl  | 33401   |  | ) <sub>1</sub>                      | 33           | ·              |   |                    |                                       | ······································ |                       |  |                        |                 |   |  |
| ***************************************                                  |  |   |  | }                                   | 34           | City           | ·····   |                    |                                       |  |                       | 85 Zij   | o Code                 |                 |   |  |
|  |  |   | ·  |                                     |              |                |   |                    |                                       |  | FL                    |  |                        |                 |   |  |
| 11. Pursuant t<br>office or re<br>agent it ar                            | to the provisions of Sec<br>egistered agent, or bot<br>m familiar with, and ac | ctions 607.0502 and 607<br>h, in the State of Florida<br>cept the obligations of, | 7.1508, Florida Statuti<br>i. Such change was a<br>Section <mark>607.0505, Fl</mark> o | es, the abouthorized<br>orida Statu | by t<br>tes. | named corpora  | poration's  | on subr<br>board ( | nits this statem<br>of directors. I f | ereby acces                            | ourpose of<br>the app | changing<br>ointment a                         | its regi:<br>is regist | stered<br>tered |   |  |
| SIGNATURE  | Servation, they die remaind read   | or of registered agent and little if  | porticable (NOT  | Regulated                           | Anant        | signature requ | ired whe  | o reinslati        | nal                                   |  | DATE                  |  |                        |                 |   |  |
| 12.  | (  | OFFICERS AND DIRECT   | ORS  | 13.                                 |              |                |   |                    | IONS/CHANGE                           | S TO OFFIC                             |                       |  |                        |                 | í |  |
| TITLE  | DP<br>Horner, Robert R., Jr.   |   |  |                                     | 1            |                | DP  |                    | •                                     |  |                       | Change   |                        | Addition (      | ģ |  |
| NAME<br>STREET ADDRESS   | 441 N COUNTRY  |   |  | 1.2 NAM                             |              |                |   |                    | Robert                                |  | •                     |  |                        |                 | 3 |  |
| CITY - S1 - ZIP  | ATLANTIS FL  | 0200 011  |  | 1.4 CIT                             |              | ין ו           |   |                    | ker Ave                               |  | 22405                 |  |                        |                 | Š |  |
| THEF   | DST  |   | DELETE   | 2 1 TIFL                            |              |                | 1 <del>99</del> f   |                    | lis Beach                             | y - 2 2                                | <del>) 34U 3</del> -  | Change   |                        | Addition        | ζ |  |
| NAME   | HORNER, STEPHI   |   | ,,   | 2.2 NA                              | Æ            |                |   |                    |                                       |  |                       |  |                        |                 | l |  |
| STREET ADDRESS   | 441 N COUNTRY  | CEUB UK   |  | <b>B</b> 1                          |              | DDAESS         |   |                    |                                       |  |                       |  |                        |                 |   |  |
| City - St - ZiP  | MILANIIO TL  |   | DELETE   | 2. 4 C/I                            |              | - ZIP          | ·   |                    |                                       |  |                       | Change   | <u> </u>               | Addition        |   |  |
| NAME   |  |   | DEC. 12  | 3.2 NA                              |              |                |   |                    |                                       |  |                       |  |                        | 1               |   |  |
| STREET ADDRESS   |  |   |  | 3.3 STF                             | EET A        | DDRESS         |   |                    |                                       |  |                       |  |                        |                 | ļ |  |
| CITY+ST-ZIP  |  |   |  | 3.4. CI                             | Y-ST         | - 71P          |   |                    |                                       |  |                       |  |                        |                 | } |  |
| TITLE  |  |   | ☐ DELETE   | 4.1 Titl                            |              |                |   |                    |                                       |  |                       | ☐ Change                                       |                        | Addition        |   |  |
| NAME   |  |   |  | 4. 2 NA                             |              |                |   |                    |                                       |  |                       |  |                        |                 |   |  |
| STREET ADDRESS   |  |   |  | 1                                   |              | DDRESS         |   |                    |                                       |  |                       |  |                        |                 | } |  |
| TOLE   |  |   | DELETE   | 4.4 CIT                             |              | - 217          |   |                    |                                       | ~~ <u>,,,</u>                          |                       | Change   |                        | Addition        | 1 |  |
| NAME   |  |   |  | 5.2 NA                              |              | 1              |   |                    |                                       |  |                       | •  |                        |                 | 1 |  |
| STREET ADDRESS   |  |   |  | 5 3 STF                             | EE7 AI       | DORESS         |   |                    |                                       |  |                       |  |                        |                 |   |  |
| City - S1 - 717  |  |   |  | 5.4 DIT                             |              | -ZIP           |   |                    |                                       |  |                       | 7 1 A.   |                        | A 1497          | Į |  |
| TITLE  |  |   | DELETE   | 6.1 7(7                             |              | -              |   |                    |                                       |  |                       | L.) Change                                     | اليا ،                 | Addition        |   |  |
| NAMÉ<br>PERCEL ADDOCCES  |  |   |  | 6.2 NAI                             |              | nnerce         |   |                    |                                       |  |                       |  |                        |                 |   |  |
| STREET ADDRESS   |  |   |  | 0.3 5 1                             | KETA         | DDRESS         |   |                    |                                       |  |                       |  |                        |                 |   |  |

14. If do 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 MANTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

Apr 21 1997 8:00am