SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of Sta

FILED Aug 29 1997 8:00am Secretary of State

[1997	DIVISION OF	CORPOR	ATIO	12	ļ			
	MENT # L5992 NENTERPRISES, INC.	1 (1)							
Principal Plac	e of Business	Mailing Address					1 8 [
310 BUTTONWOOD CIR KEY LARGO FL 33037 US		310 BUTTONWOOD CIR KEY LARGO FL 33037 US			DO NOT WRITE	IN THIS SE	DACE.		
••		03				3. Date Incorporated or Qualified		of Last F	
}						03/20/1990	1)5/1996	
	lace of Business	2a. Mailing Address				4. FEI Number			pplied For
Suite, Apt.	d ata	26	Suite, Apt. #, etc.			65-0192691			ot Applicable
22 Suite, Apr.	₩, ₩IG.	<u> </u>	Solie, Apr. #, etc.			5. Certificate of Status Desired			Additional equired
City & Stat	9	City & State				6. Election Campaign Financing			May Be
23		28	28			Trust Fund Contribution	_ 🗆		to Fees
Zip	Country	Zip Coun				8. This corporation owes or has paid the current year Int			
24	25 25 Name and Address of Curre	29 ent Bagislared Agent	30	г		Personal Property Tax due June 10. Name and Address of New Re] No
PFI	AEZ, A. DENNIS, ESQUIRE	ent (togiste) to Agent		B1	Name	10. Name and Address of New Me	Bioroi on Vi	30111	
2307 WEST SUGH AVENUE				82	Charles A.d.	dress (P.O. Box Number is Not Acceptab			
	MPA FL 33604			02	Street Add	dress (P.O. Box Number is Not Acceptat	энө)		
				83					
1				84	City			85 Zip	Code
				1	•		<u>FL</u>		
office or r	to the provisions of Sections 607.05 egistered agent, or both, in the Sta	502 and 607.1508, Florida Statu ite of Florida. Such change was igations of Postion 607.0506. E	ites, the ai authorize	bove- d by t	named cor the corpora	poration submits this statement for the pation's board of directors. I hereby acceptions	ourpose of c pt the appoi	hanging it ntment as	ts registered registered
SIGNATURE	in ramilial with, and accept the con	igations or, Socion 607.0000, r	KOTIDA SIAI	iules.					
	Signature, typed or printed name of registered a			d Agent	signature requ	ulred when reinstating)	DATE		
12.	OFFICERS AND DIRECTORS DELETE		13.		· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OFFIC			RS IN 12
TITLE NAME	VALLES, DANIEL, JR.		1.1 TI 1.2 N		ì		L	Change	Apollion
STREET ADDRESS	310 BUTTONWOOD CIR			anii Trfet al	DUBERS				
CITY-ST-ZIP	KEY LARGO FL		1	ITY-\$1-	ì				
TITLE	DST	DELETE	2.1 TITLE					Change	☐ Addition
NAME	PERRONE, ANTHONY		22 N	AME					
STREET ADDRESS	112 CAPTAINS COURT		2.3 \$1	2.3 STREET ADDRESS					
CITY-ST-ZIP	TAVERNIER FL	DRUETE		:ITY-S1	- ZIP			7 &	
TITLE		☐ DELĘTE	3.1 JJ		1		L	Change	Addition
NAME STREET ADDRESS			3.2 N/	AME TREET AI	nness				
CITY-ST-ZIP			1	TY+ST-	- 1				
TITLE		DELETE	4.1 70		-"			Change	Addition
NAME			4. 2 N	IAME					
STREET ADDRESS		•	4.3 STREET		DDRESS				
CITY-ST-ZIP		Tana-		17Y-ST-	ZIP	<u></u>		-	
TITLE		DELETE		5.1 TITLE			L	Change	Addition
NAME	00			5.2 NAME 5.3 STREET ADDRESS					
STREET ADDRESS									
CITY-ST-ZIP TITLE		☐ DÉLETE	6.1 TO	ITY-ST- TLE	zir			Change	Addition
NAME			6.2 N/						
STREET ADDRESS				TRECT A	DORESS				
CITY-ST-ZIP			6.4 CI	TY-\$1-	ZIP				
14. I do herel	by certify that the information suppli	ied with this filing does not qual	ify for the	exem	ption state	d in Section 119.07(3)(i), Florida Statute	s. I further c	ertify that	the

I do nereby certify that the morification supplied with this triing does not qualify for the exemption stated in Section 119.07(3)(), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental 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.

CNATIBE:

SIGNATIBE: