P	NOW: FILING FEI	FLORIDA D	EPARTMENT OF STATE			
ANNUAL REPORT 19963-19-96		Se Se	dra B. Mortham cretary of State OF CORPORATIONS			
DOCUMENT # L99433 (9)						
,	I ENTERPRISES, INC.					
Principal Place of Business Mailing Address					(811 B1611 B1611 81011 B1611 B1611 1961	
150 MARINER BLVD. 150 MARINER BLVD. SPRINGHILL FL 34609 US US				Date Incorporated or Qualified 3a.	Date of Last Report	
2 Principal Pla	ca of Business	2a. Mailing Address		08/27/1990 4. FEI Number	03/03/1995 Applied For	
Principal Place of Business		26		59-3033471	Not Applicable	
Suite, Apt. #	, etc.	Suite, Apt. #, etc		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24	Country 25	Ζιρ 29	Country 30	8. This corporation has liability for intang Florida Statutes		
	9. Name and Address of Curr	rent Registered Agent	81 Name	10. Name and Address of New Regist	ered Agent	
HAYDON, PAULA M.				dress (P.O. Box Number is Not Acceptable)		
150 Mariner BLVD Springhill Fl 34609			83	THE WIND AND ADDRESS AND ADDRE		
Of Hillian	IICC 7 C 04009		84 City		85 Zip Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, th			atutes, the above-named corpo	oration submits this statement for the purpose	FL of changing its registered office	
or registere	d agent, or both, in the State of Flant, and accept the obligations of, Se	orida. Such change was auth	orized by the corporation's boa	ard of directors. I hereby accept the appointme	ent as régistered agent. I am	
SIGNATURE _	Signature typed or printed name of regishered ag	gent and title if accordable.	(NOTE: Ragistered Agenit signature require	eo when reinstating) 0	DATE	
12.	OFFICERS A	AND DIRECTORS	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTORS IN 12 Change	
NAME	HAYDON, DAVID E.		1.2 NAME		- overde vreview	
STREET ADDRESS	150 Mariner BLVD Springhill Fl		1.3 STREET ADDRESS			
CITY-ST-ZIP TITLE	STD	DELETE	1 4 CITY-S1-7IP 2 1 TITLE	W-47-1-	Change Addition	
NAME	HAYDON, PAULA M.		2 2 NAME			
STREET ADDRESS City-St-Zip	150 Mariner BLVD Springhill Fl		2 3 STREET ADDRESS 2 4 CITY-ST-ZIP			
TITLE		DELETE	3 1 TITLE	Pro d N 1 100 odder (N 1 oc. odder (18 odder) oc. odder (18 odder)	Change Addition	
NAME			3.2 NAME			
STREET ADDRESS CITY-ST-ZIP			3.3 STREET ADDRESS ; 3.4 CITY - ST - ZIP			
TITLE		DELETE	4 1 TITLE	ten der vikar. Die vor Andrie von er vikar al viel von enterkreiden von en	Change Addition	
NAME STREET ADDRESS			4.2 NAME 4.3 STREET ADDRESS			
CITY-ST-ZIP			44 CITY-ST ZIP			
TITLE		☐ DELETE	5 1 TITLE		Change Addition	
NAME STREET ADDRESS			5.2 NAME 5.3 STHEE! ADDRESS			
CITY - ST - ZIP			5.4 GITY - ST - ZIP			
TATLE		DELETE	6 1 TITLE		Change Addition	
NAME STREET ADORESS			6.2 NAME 6.3 STREET ADORESS			
CITY-ST-ZIP			6.4 CHY-ST-ZIP			
certify that	the information indicated on this ai	nnual report or supplemental.	annual report is true and accur	for the exemption stated in Section 119.07(3)(ate and that my signature shall have the same	legal effect as if made under	
oath; that I appears in	am an officer or director of the co- Block 12 or Block 13 if thanged, o	rporation or the receiver or tri or on an attachment with an a	ustee empowered to execute the address.	nis report as required by Chapter 607, Florida : M、 HAYw~ , Sec	Statutes; and that my name	
SIGNAT	URE: SIGNATURE AND TYPES	OOR PRINTED NAME OF SIGNING O	Dans F	HATOURE 3	52-688-160 C) Dayta e Phone #	
	SIGNATURE AND TYPES	OR PRINTED NAME OF SIGNING O	FROCH OR DIRECTOR	Dav	Daysi e mione #	