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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

Corporation Name

M15850 DOCUMENT #

(4)

	ON ENTERPRISES, INC.						
Principal Place of Business 3071 NW 64TH AVE. C/O MICHAEL FALLON SUNRISE FL 33313		Mailing Address 3071 NW 64TH AVE. C/O MICHAEL FALLON SUNRISE FL 33313			1 IDECUGET AN LUCK DIAM HAND AND	86   8    8       8       8       8       8       8       8	<b>a</b> al bioil <b>al</b> bii iogi
					3. Date Incorporated or Qualified 05/24/1985	3a. Date of Last 04/14/1	
2. Principal P	lace of Business	2a. Mailing Address 26			4. FEI Number	1 01/11/1	Applied For
Suite, Apt	#, etc.	Suite, Apt. #, etc			59-2545924		Not Applicable
22		27			5. Certificate of Status Desired		5 Additional Required
City & State	e	Oity & State			6. Election Campaign Financing		00 May Be
Ziρ	Country	<b>28</b>	1 0		Trust Fund Contribution	L.I Add	ed to Fees
24	25	29	Country 30		8. This corporation has liability for in Florida Statutes  Yes	ntangible tax under	s 199.032,
	9. Name and Address of Curr	rent Registered Agent			10. Name and Address of New Ro		
			81	Name		ogistored Agent	
	I, MICHAEL P.		82	Street Add	ress (P.O. Box Number is Not Acceptable		
	W 64TH AVE. SE FL 33313			Olicel Add	C33 to Contraction is Not Acceptable	e)	
00111110	L120013		83				
			84	City		<b>—.</b> 85 Z	rip Code
11. Pursuant t	o the provisions of Sections 607.05	02 and 607.1508, Florida Sta	itutes the above-n	amad coroar	ation submits this statement for the purp		
or registere	ed agent, or both, in the State of Fk th, and accept the obligations of, Sc	orida. Such change was autho	orized by the corpo	oration's boar	ation submits this statement for the purp rd of directors. Thereby accept the pripa	ose of changing its intraent as registere	registered office
reactings WIE		XXIOO 607 OSOS. Florida Statu	there		and a second respective appropriate		
SIGNATURE			ites.		the appoint		o agent rain
SIGNATURE _	Signature typed or ponted name, of registered age	errae o broof application	ites. Profit: Prysterica Aprile				a agent. Fam
SIGNATURE 12.	Signature: typed or protect name, of residence say	no Directors	(NOTE: Falgistered Agins		: Where the state of	DATE	
SIGNATURE _	Signature: Special parties from a dissipative augustice	errae o broof application	Positi Falgoteria Agrica  13. 1 1 Title			DATE	
SIGNATURE	Signature: typed or protect name, of residence say	no Directors	Charter Registeres Agents 13. 1 1 THEF 12 NAME	अपूर्ण में मेर दिल्हाकरू	: Where the state of	DATE CERS AND DIRECTO	ORS IN 12
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SIGNATURE	Survive Special Equipment, of representations of PERCERS A  DP  FALLON, MICHAEL P.  3071 NW 64TH AVE.	no Directors	13. 1 1 THE 12 NAME 1.3 STREET # 1.4 CITY-SI	Signal in Commen	: Where the state of	CARE CERS AND DIRECTO	OFIS IN 12
SIGNATURE  12. THUE NAME STREET ADDRESS CITY-ST-ZIP	Survive Special Equipment, of representations of PERCERS A  DP  FALLON, MICHAEL P.  3071 NW 64TH AVE.	NO DIRECTORS  DELETE	Positi Fa gisterica Agenti 13. 1 1 THLF 1 2 NAME 1.3 STREET F	Signal in Commen	: Where the state of	DATE CERS AND DIRECTO	ORS IN 12
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SIGNATURE: ///

I do hereby certify that the information supplied with this fring is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 appears in Block 12 or Block 13 if changed, or on an attractiment with an address.

GNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

District France.