**PROFIT** CORPORATION ANNUAL REPORT

1999

DOCUMENT # M20846



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## Apr 25, 1999 8:00 am Secretary of State

04-25-1999 90023 001 \*\*\*750.00

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NO ENTERPRISES INC.								
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e of Business	Mailing Address				I IMBIRALI IIM IIMII MBIBI LAILI MIRIN AIN ALAIL	Binit mikli Ail	)))	
VE	P.O. BOX 967							
33311 FT LAUDERDALE FL 33311			DO NOT WRITE IN THE CRACE					
US								
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lace of Rusiness	2a Mailing Address						Applied For	
idde of Business	<b>├</b> ─┐				1	1	Not Applicable	
#, etc.	Suite, Apt. #, etc.					\$8.7	5 Additional	
	27				5. Certificate of Status Desired	Fee	Required	
e	City & State				6. Election Campaign Financing	\$5:0	00 May Be	
	28				Trust Fund Contribution	Adde	ed to Fees	
Country	Zip	Count	try		8. This corporation owes the current year In		\	
25 29 30					Total Topally Tall			
9. Name and Address of Curre	nt Registered Agent		n4 T	- <del></del>	10. Name and Address of New Registered	Agent		
CASALE, RICHARD A. 728 NW 6TH AVE			81	Name			1	
			82	Street Addres	ss (P.O. Box Number is Not Acceptable)			
LAUD FE 33311		1	83				)	
		1	84	City	<b>C</b> 1	85 Z	ip Code	
			$\perp$			<u>-                                     </u>	77	
egistered agent, or both, in the State	e of Florida. Such change was au	ithorized b	by t	-named corpor the corporation	ration submits this statement for the purpose o i's board of directors. I hereby accept the appo	r crianging intment as	registered	
m familiar with, and accept the obliga-	ations of, Section 607.0505, Flori	ida Statut	tes.				i	
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			yen	Signature required t		ND DIREC	TORS IN 12	
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		2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4. CIT	Y <u>-</u> ST .E .ME .EET / Y-ST .E	ADDRESS				
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	Country  25  9. Name and Address of Curre  ALE, RICHARD A.  NW 6TH AVE  AUD FL 33311  to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig.  Signature, typed or printed name of registared ages	Mailing Address  P.O. BOX 967 FT LAUDERDALE FL 33311 US  Ace of Business  Ace of Box 967  Address  Ace of Business  Ace of Business  Ace of Box 967  Ace of Box 967	Mo ENTERPRISES INC.  The of Business Mailing Address P.O. BOX 967 FT LAUDERDALE FL 33311 US  The provision of Business P.O. Box 967 FT LAUDERDALE FL 33311 US  The provision of Business P.O. Box 967 FT LAUDERDALE FL 33311 US  The provision of Business P.O. Box 967 FT LAUDERDALE FL 33311  The provision of Business P.O. Box 967 FT LAUDERDALE FL 3	Mailing Address  P.O. BOX 967 FT LAUDERDALE FL 33311 US  Pace of Business  Za. Mailing Address Za. Mailing	Mailing Address P.O. BOX 967 FT LAUDERDALE FL 33311 US  Acc of Business  Za. Mailing Address Z6 Z6 Z7 Z1 Z1 Z1 Z1 Z1 Z1 Z1 Z1 Z2 Z1 Z1 Z2 Z1 Z1 Z2 Z1 Z2 Z1 Z2 Z1 Z2 Z1 Z2 Z1 Z2 Z2 Z1 Z2	e of Business  Mailing Address  WE P.O. BoX 967 FT LAUDERDALE FL 33311  US  DO NOT WRITE IN THIS  3. Date Incorporated or Qualifed  09/18/1985  ace of Business  2a. Mailing Address 4. FEI Number  59-2648542  #, etc. 5. Certricate of Status Desired  Clty & State 25	# etc. Suite, Apt. #, etc. Suite, Apt. #, etc. 27 Country 2p Country 4. This state and Address of Current Registered Agent 50, Name and Address of Current Registered Agent 50, Name and Address of Surcent Registered Agent 50, Name and Address of Suctions 67, 550; Florida Statutes, the above-named corporation submits this statement for the purpose of changing egistered agent, or both, in the State of India, Such change was authorized by the corporation submits this statement for the purpose of changing egistered agent, or both, in the State of India, Such change was authorized by the corporation submits this statement for the purpose of changing egistered agent, or both, in the State of India, Such change was authorized by the corporation submits this statement for the purpose of changing egistered agent, or both, in the State of India, Such change was authorized by the corporation's board of directors. I hereby accept the appointment are infamiliar with, and accept the obligations of, Section 607,0505, Florida Statutes.    Signature, typed or preting name are migrational spent and size if applicable. (InCTE Registered Agent agent are remained and inglational spent and size if applicable. (InCTE Registered Agent	

CITY-ST-ZIP 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #