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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUI	1997 MENT # M3082 ENTERPRISE INC.	27 (3)			
Principal Place of Business 2480 HAMMONDVILLE RD BAY #12 POMPANO BEACH FL 33069 US		Mailing Address 2480 HAMMONDVILLE ROAD BAY #12 POMPANO BEACH FL 33069-1555		T 1986/88/K 188 ANNI BONDY IBYND 118/K 1884 ONDY BYBYT BYBYT BYBYT BYBYT 1984	
		US	V 1000		Date of Last Report 4/04/1996
 Principal P 21 	lace of Business	2a. Mailing Address 26		4. FEI Number 59-2666932	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	0	City & State		6. Election Campaign Financing	\$5.00 May Be
23 Zip	Country	28	Country	Trust Fund Contribution 8. This corporation has liability for intangil	
24	9 Name and Address of Curr		30	Florida Statutes Yes 10. Name and Address of New Registers	
BAY	0 HAMMONDVILLE ROAD 1 #12 MPANO BEACH FL 33069		82 Street Ac 83 Street Ac	ddress (P.O. Box Number is Not Acceptable)	85 Zip Code
				propration submits this statement for the purpose	
SIGNATUFIE. 12. THE NAME STREET ADDRESS	Signature have to provide a consist of registered a OFFICERS A OFFICERS A COTE, SERGE 2185 N. POWERLINE RD. 4-7	ND DIRECTORS DELETE	Registered Agent signature re 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12 Change Addition
CITY: ST-7.8	POMPANO BEACH FL		1.4 City-ST-ZIP	RYBO HAMMONDVILLE PO PONPANO BEACH. FL	33069
NAME STREET ADDRESS		☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS		Change Addition
CITY - ST - ZIP THILE		DELETE	2.4 CHTY-ST-ZIP 3.1 TITLE		☐ Change ☐ Addition
NAME STREET ADORESS CITY+ST-ZIP		_	3.2 NAME 3.3 STREET ADDRESS 3.4. City-St-Zip		
THE NAME STREET ADDRESS		DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS		Change Addition
CITY-ST-Zif*		DELEGA	4.4 CITY-ST-ZIP	·	10
NAME STREET ADDRESS		L] DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS		Change Addition
CITY ST-24P THLE NAME STREET ADDRESS		☐ DELETE	5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS		Change Addition
CITY-ST-ZIP 14. I do here informatic I am an c	or indicated on this annual report of	r supplemental annual report is tr or the receiver or trustee empower	6.4 CITY-S1-ZIP y for the exemption statue and accurate and to execute this re	ted in Section 119.07(3)(i), Florida Statutes. I fun hat my signature shall have the same legal effec port as required by Chapter 607, Florida Statutes	t as if made under oath; that

SIGNATURE:

GNATURE AND THE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR COTE

1-30 97 054-984-9611 Date Daylord Phone 8

FILED

Mar 28 1997 8:00am

Secretary of State