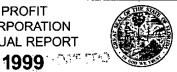
**PROFIT** CORPORATION ANNUAL REPORT

ENTREPRENEURS, INC.

1. Corporation Name

DOCUMENT # M44809



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90109 029 \*\*\*150.00



Principal Place of Business Mailing Address									
					;				
P O BOX 800147 AVENTURA FL 33280-147 AVENTURA FL 33280-147						1			
US	00200-147	US				DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed			
						01/14/1987			
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number	Ap	plied For	
21		26				59-2758280	No	t Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.							\$8.75 A	dditional	
27						5. Certifcate of Status Desired	Fee Re	quired	
City & State City & State						6 Election Campaign Financing -	\$5.00	Mav Be	
23	The same same of the same same of the same same of the same same of the same o	28				Trust Fund Contribution	Added to		
Zip	Country	Zip Country				8. This corporation owes the current year Intangible			
24	_ , _ ,		0			Personal Property Tax.  Yes No			
27	9. Name and Address of Current	<u> </u>	• [			10. Name and Address of New Registered	Agent		
			81	Name					
SEGAL, I.									
918 NORTHLAKE BLVD.				Street	Addres	ss (P.O. Box Number is Not Acceptable)		Ì	
NORTH PALM BEACH FL 33408						.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
""	THE PERIOD OF THE SOURCE		83						
,				City		FL 85 Zip Code			
At Discuss to the purificulty of Sections 607 0502 and 607 4509. Florida Statutes, the above gament connection submits this statement for the purpose of changing its registered									
l office or n	egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such channe was adinori	zea nv	the com	oration	's board of directors. I hereby accept the appoint	intment as rec	gistered	
l	,					•		ł	
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE: Regist	ered Age	nt signature i	required v	when reinstating) DATE			
12.	OFFICERS AN	D,DIRECTORS 1	13.			ADDITIONS/CHANGES TO OFFICERS A			
TITLE	PD 'S'	Q3 □ DELETE 1.	1 TITLE				Change	☐ Addition	
NAME	SEGAL, I.	1.	2 NAME						
STREET ADDRESS	918 NORTHLAKE BLVD.	1.	3 STREE	T ADDRESS					
CITY-ST-ZIP	NORTH MIAMI BEACH FL 3340	<b>1</b> .	1.4 CITY-ST-ZIP			•			
TITLE	VD		1 TITLE				☐ Change	☐ Addition	
NAME	SEGAL, E.	2.	2 NAME		1				
STREET ADDRESS	918 NORTHLAKE BLVD.			TADORESS				.	
	TALLE BOLL OLDBERTO EL ANTOS			ST-ZIP					
CITY-ST-ZIP TITLE	TALM DOTT GARDENO FE 3340		1 TITLE	3 1 - <b>L</b> IF			Change	☐ Addition	
		_	2 NAME			·		ł	
NAME				TADDRESS	~ .		***************************************	. }	
STREET ADDRESS	,								
CITY-ST-ZIP			4. CITY-	51-∠IP	<del> </del>		Change	Addition	
TITLE								ر، العدد ال	
NAME			2 NAME						
STREET ADDRESS				TADDRESS					
CITY-ST-ZIP			4 CITY-S	T-ZIP	↓			T Addition	
TITLE			1 TITLE			•	Change	☐ Addition	
NAME			2 NAME						
STREET ADDRESS		5.	3 STREE	TADDRESS					

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 eport 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.

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

☐ DELETE

Change

Addition