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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90138 039 ***150.00

DOCUMENT # MQ150Q

1. Corpc ratio	Y ENTERPRISES, INC.				 		
Principal Place	e of Business	Mailing Address			- I 1901DEN 191 JOSEP JION ONN BOTAL JOH O	OH OTOLO OLOH OTOTE O	HONE DEBEN HODE
% TED DELANG	0	% TED DELANO					
5601 SW 39 C		5601 SW 39 CT.			OO MOT MIDITE IN T	LIC CDACE	
DAVIE FL 3331	4	DAVIE FL 33314			DO NOT WRITE IN 1 3. Date Incorporated or Qualifed	IIS SPACE	
					05/18/1988		
2. Principal Place of Business		2a. Mailing Address			4. FEI Number	Ap	plied For
21		26		65-0556820	⊢ —+—	t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75	Additional	
22		27			5. Certificate of Status Desired	Fee Re	quired
City & State		City & State			6. Election Campaign Financing	\$5.00	•
23		28			Trust Fund Contribution	Added 1	o Fees
Zip	Country 25	Zip	Country	*	8. This corporation owes the current year		□No
24	9. Name and Address of Curre	~ 	30		Personal Property Tax. 10. Name and Address of New Register		
	5. Name and Admess of Ourre	it Kegisteren Agent	81	Name	10. Name and Address of New Register	- Agoin	
DEL	ano, ted			<u> </u>			
5601 SW 39 CT.			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
DAVI	E FL 33314		83				
						105 7: 6	
			84	City	F	EL 85 Zip C	.oue
office or r	to the provisions of S∋ctions 607.050 egistered agent, or bcth, in the State m familiar with, and a∋cept the obliga	of Florida. Such change was au	ithorized by th	-named corpo he corporatio	oration subm ts this statement for the purpose in's board of directors. I hereby accept the ap	e of changing its pointment as req	registered istered
Signature, typed or printed name of registered agent and title if applicable (NOTE:			Registered Agent	signature required			
12.		N() DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO Change	
TITLE	P DELANO DEPORTU	☐ DELETE	1.1 TITLE	İ			☐ Addition
NAME	DELANO, DEBORAH					□ onlange	☐ Addition
STREET ADDRESS			12 NAME			onlinge	☐ Addition
[5601 SW 39 CT.		1.3 STREET A	ļ		onlinge	☐ Addition
CITY-ST-ZIP	DAVIE FL		1.3 STREET A 1.4 CITY-ST-	ļ			
TITLE	DAVIE FL V	☐ DELETE	1.3 STREET A 1.4 CITY-ST- 2.1 TITLE	ļ		☐ Change	☐ Addition
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14. I hereby certify that the information supplied with his 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 uncer outh; 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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

CR2E034 (11/98)