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

	1997	DIVISION OF CO	DRPORATIONS		<i>-</i>
	MENT # M99427 ENTERPRISES,INC.	(0)			
Principal Place	c of Business	Mailing Address			INDIN DIBIN DIQIL BIBNI QIBNI DIQIL LOBI
5765 ANDOVER CIRCLE SARASOTA FL 34233		5765 ANDOVER CIRCLE SARASOTA FL 34233-3563 US			
US		03		3. Date incorporated or Qualified 09/15/1988	3a. Date of Last Report 05/01/1996
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21]		26		65-0073585	Not Applicable
Suite, Apt 22	#, €!(C	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State 23	ė	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zφ	Country	Zip	Country	8. This corporation has liability for i	***************************************
24	25		30		Yes No
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Re	gistered Agent
	HERINE A. WANNAMAKER ANDOVER CIRCLE				
	ASOTA FL 34233		82 Street Add	lress (P.O. Box Number is Not Acceptab	le)
Orne	NOOTH 1 E OTEGO		83		
			84 City		65 Zip Code
			54 City		FL 85 Zip Code
office or r agent. La SiGNATURE	egistered agent, or both, in the State on the familiar with, and accept the obligations.	of Florida, Such change was au ions of, Section 607,0505, Flor	thorized by the corpora ida Statutes.	poration submits this statement for the p tion's board of directors. I hereby accep	t the appointment as registered
10	Signature, typied or printed name of registered agen OFFICERS AND		Registered Agent signature requ	ired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE EDG AND DIDECTORS IN 12
12. Tifle	D OFFICERS AND	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFIC	Change Addition
NAME	WANNAMAKER, CATHERINE A.	•	1.2 NAME		
STREET ADDRESS	5765 ANDOVER CIRCLE		1.3 STREET ADDRESS		·
C11Y - S1 - 7#P	SARASOTA FL		1.4 CITY-ST-ZIP		
THE		☐ DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADORESS			2.3 STREET ADDRESS		
011Y - ST - 20F		DELETE	2.4 CITY - ST - ZIP		Change Addition
TITLE NAME		T ACTEU	31 TITLE 32 NAME		TT CHANGE T'T MODERNE
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - ST - ZIP			3.4. CITY-ST-ZIP		
1/11	······································	DELETE	4.1 TITLE		Change Addition
NAME			4.2 NAME		ļ
STREET ADORESS			4.3 STREET ADDRESS		
CITY-ST-ZP		-	4.4 CITY-ST-ZIP		
1ITLE .		DELETE	5 1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		ļ
TITLE	,	DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		ļ
017 KT 212			Off 12 VIOLA		(

14. I do hereby certily that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, 1 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/97 941-923-3243

FILED

Mar 28 1997 8:00am

Secretary of State