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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # M99644

FEINA ENTERPRISES, INC.		
	17-3	
Principal Place of Business	Mailing Address	

FILED Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90107 014 ***150.00



Principal Place	of Business	Mailing Address	-		<u>.</u>	1 19510611 (10 16119 18118 1811) 01311 3101 61011 01011 01011 01011 01011 01011
1383 52ND AVE., NORTHEAST ST. PETERSBURG FL 33703 ST. PETERSBURG FL 33703		ST .			DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualifed
						09/21/1988
2 Deinainal D	lace of Business	2a. Mailing Address				4. FEI Number Applied For
2. Principal Pi	lace of Business	⊢				59-2915064 Not Applicable
21	# etc	Suite, Apt. #, etc.				\$8:75 Additional
¬,				5. Certificate of Status Desired Fee Required		
22 City & Stat	e ·	City & State				6. Election Campaign Financing S5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip	Country	Zip _	Cou	ntry		8. This corporation owes the current year Intangible
24	25	29	30			Personal Property Tax. Yes No
	9. Name and Address of Curre	nt Registered Agent	_	0.4		10. Name and Address of New Registered Agent
WED	DED CAROLE M			81	Name	
	BER, CAROLE M			82	Street Addr	ress (P.O. Box Number is Not Acceptable)
	5 52ND AVE N.E. Petersburg FL 33703			83		
31. 1	FETENOBUNG FE 33703			03		
		•	•	84	City	FL 85 Zip Code
11 5		00 and 607 4500. Florida Statuto	a tha a	hovo	named corn	oration submits this statement for the purpose of changing its registered
office or r	onistered agent, or both, in the State	e of Florida. Such change was au	thorized	i by ti	he corporation	on's board of directors. I hereby accept the appointment as registered
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505, Flori	da Stati	utes.		
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if continues /NOTE:	Pagistared	Agent	elanatura redujire	d when reinstating) DATE
12.		ND DIRECTORS	13.	- agoria	signaturo roquire	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DEL E TE	1.1 111	TLE		☐ Change ☐ Addition
NAME	WEBBER, CAROLE M.		1.2 NA	ME		1
STREET ADDRESS	1383 52ND AVE NE		1.3 ST	REET	ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL		1.4 CI	TY-ST-	ZIP	
TITLE	D	☐ DELETE	2.1 TT	TLE		☐ Change ☐ Addition
NAME	WEBBER, RAYMOND		2.2 N	ME		
STREET ADDRESS	***** TONIE ALE ALE	the papers of the contract of	2.3 \$1	REET	ADDRESS -	and the second of the second
CITY-ST-ZIP	ST PETERSBURG FL		2.4 C	ITY-ST	-ZIP	
TITLE		☐ DELETE	3.1 TT	π£		☐ Change ☐ Addition
NAME			3.2 NA	ME	j	
STREET ADDRESS			3.3 ST	REET	ADORESS	
CITY-ST-ZIP			-	ITY-ST	-ZIP	Change Addition
TITLE		☐ DELETE	4.1 TT			☐ Change ☐ Addition
NAME			4. 2 N			
STREET ADDRESS					ADDRESS	
ČITY-\$T-ZIP		□ pricts		TY-ST-	ZIP	☐ Change ☐ Addition
TITLE		☐ DELETÉ	5.1 TT 5.2 N/			☐ Austride ☐ Virginide
AME					ADDRESS	√
STREET ADDRESS				TY-ST-		
CITY-ST-ZIP		☐ DELETE	6.1 TT			☐ Change ☐ Addition
TITLE			6.2 N			
NAME					ADDRESS	
STREET ADDRESS				TV-9T		

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: