## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #** 

1. Corporation	ESTATE NETWORK INTER	RNATIONAL, INC.	(* )		
Principal Place of Business		Mailing Address			BOOK DON'T BILLA OLING INDIN 1960 1981
441 EAST CENTRAL AVENUE WINTER HAVEN FL 33880		441 EAST CENTRAL AVENUE WINTER HAVEN FL 33880		3. Date Incorporated or Qualified 09/20/1995	
}				4. FEI Number	Applied For
		- I		59-3401353	Not Applicable
2. Principal Place of Business		2a. Mailing Address 26		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing	\$5.00 May Be
City & State		City & State	<del></del>	7. Is this nonprofit corporation a home	Added to Fees
23		28		Y. Is this notificant corporation a normal	
Zip	Country	Zip	Country	8. This corporation owes or has paid t	
24	25	29	30	Personal Property Tax due June 30.  10. Name and Address of New Regia	
	g. Name and Address of Curr	ent Hegistered Agent	81 Name	10. Name and Address of New Regist	rated Wilett
- DOGGE	AD-HIADV		_   <b></b>	D. JOE JENSEN	
PROCTOR, MARK 409 SOUTH KINGS AVENUE >-			82 Street A	ddress (P.O. Box Number is Not Acceptable)	AVE
1	ON PL 33511 -		83		
			84 Qity )	1/4-1	85 Zin Code
			/////	VIEL HAVEN	FL     33000
11. Pursuant office or	to the provisions of Sections 617.05 egistered agent, or both, in the Sta	502 and 617.1508, Florida 8 ite of Florida: Such change	Statutes, the above-named o was authorized by the corpo	porporation submits this statement for the purporation's board of directors. I hereby accept the	oose of changing its registered to appointment as registered
1	m familiar with, and accorpt the obl	igations of, Section 617.050	3, Florida Statutes.		
SIGNATURE	Signature, bared or printed name of registered s	agent and file il applicable.	(NOTE: Registered Agent signature re	equired when reinstating)	DATE
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICER	
TATLE	DP .	DELET	1.1 TITLE		Change Addition
NAME	-PROCTOR, MARK		1.2 NAME		
STREET ADDRESS	-409 SOUTH KINGS AVENU	E	1.3 STREET ADDRESS		
CITY-ST-ZIP	BRANDON FL 33511		1.4 CITY - ST - ZIP		
TITLE	DS	☐ DELET	<b>B</b>		Change Addition
NAME	DIONNE, PHILIP C		2.2 NAME		
STREET ADDRESS	441 EAST CENTRAL AVENU	JE .	2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	WINTER HAVEN FL 33880	DELET	2. 4 City-St-ZiP  3.1 TITLE		Change Addition
NAME	JENSEN, D. JOSEPH		3.2 NAME -		C olialigo C Modition
STREET ADDRESS	441 EAST CENTRAL AVENU	10	3.3 STREET ADDRESS		
City-St-Zip	WINTER HAVEN FL 33880	J.L	3.4. CITY-ST-ZIP		ļ
TITLE	THE TOTAL PROPERTY OF THE STATE	DELET		D	Change Addition
NAME					
STREET ADDRESS			4.3 STREET ADDRESS	YYIE. CENTRAL AVE	_
CHY-ST-ZIP			4.4 CITY-ST-ZIP	EDWARD TRAVIS 441 E. CENTRAL AVE WINTER HAVEN, FO	4 33880
TITLE		DELET	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELET			Change Addition
NAME			62 NAME		
STREET ADDRESS	l ,		6.3 STREET ADDRESS		

14. Thereby 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 employaged to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or on an abschment with an address.

6.4 CITY - ST-ZIP

4/20/20

**FILED** 

Jul 22 1998 8:00am

Secretary of State