


FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90250 030 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N98000003819					
1. Corporation Name THAT'S ENUFF, INC.					
Principal Place of Business POST OFFICE BOX 211076 WEST PALM BEACH FL 33421-1076			Mailing Address POST OFFICE BOX 211076 WEST PALM BEACH FL 33421-1076		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 06/25/1998	
				4. FEI Number 65-0904463	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent BATES, DEBORAH 8968 PINION DRIVE LAKE WORTH FL 33467			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code		

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	President - Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DESTEFANO, MICHAEL	1.2 NAME	Sandy Parker
STREET ADDRESS	POST OFFICE BOX 211076	1.3 STREET ADDRESS	Post Office Box 211076
CITY-ST-ZIP	WEST PALM BEACH FL 33421-1076	1.4 CITY-ST-ZIP	West Palm Beach, FL 33421-1076
TITLE	V	2.1 TITLE	Director <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIDERKO, LYNN	2.2 NAME	
STREET ADDRESS	POST OFFICE BOX 211076	2.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33421-1076	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	Director <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BATES, DEBORAH	3.2 NAME	
STREET ADDRESS	POST OFFICE BOX 211076	3.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33421-1076	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	Director <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRITT, KATHRYN	4.2 NAME	
STREET ADDRESS	POST OFFICE BOX 211076	4.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33421-1076	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 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 617, 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: **Deborah Bates, Secretary**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/99

Date

561-966-0690

Daytime Phone #

CR2E037 (11/98)