## 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

## DOCUMENT # P10398

1. Corporation Name

ERLANGER ENTERPRISES, INC.

Princip	al Place of Business
400 BLU	ie lake DR (32779) X 915206

## **FILED** Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90118 042 \*\*\*150.00



Principal Place	e of Business	Mailing Address							
400 BLUE LAKE	OR (32779)	400 BLUE LAKE DR (32779)							
P O 80X 915206		P O BOX 915206			DO NOT WRITE IN THIS SPACE				
LONGWOOD FL	. 32791-2206	LONGWOOD FL 32791-2206				SPACE	-		
					3. Date.Incorporated or Qualifed				
				<del></del>	06/10/1986		T	U	
2. Principal PI	lace of Business	2a. Mailing Address			4. FEI Number	$\vdash$	+ ' '	lied For	
21		26		_	61-0995112			Applicable	
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	<b>₽0.</b> Fe ~ ~Fe	/ <b>3</b> Ac	Iditional	
	The state of the s	= 27.		<u>-</u>	<del></del>				
City & State		City & State			6. Election Campaign Financing			lay Be	
23		28			Trust Fund Contribution		ded to	rees	
Zip	Country	Zip	Coun	itry	8. This corporation owes the current year I		_	ا ۱۰۰	
24	25		30		Personal Property Tax.	Yes	<u> </u>	□No_	
	9. Name and Address of Curre	nt Registered Agent		<u></u>	10. Name and Address of New Registere	Agent			
WOL	FE LADDY C			81 Name					
	FE, LARRY S.		-	82 Street Add	ress (P.O. Box Number is Not Acceptable)				
	- A JOHN KNOX ROAD								
TALL	AHASSEE FL 32303-6643			83					
			}	84 City		85	Zip Co	nde	
				84 City	F	<u> </u>	<b>L</b> .p U.	1	
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statutes	s, the ab	ove-named corp	poration submits this statement for the purpose	f changi	ng its r	egistered	
office or re	egistered agent, or both, in the State im familiar with, and accept <b>the</b> obligi	e of Florida. Such change was aut	Inorized	by the corporati	ion's board of directors. I hereby accept the app	ointment	as regi	sterea	
agent. i ai	an familiar with, and accept the cong.	ations of Dection 607.0003, Flora	da Otatu	(65.	2/21/0x				
SIGNATURE	Mall par							i	_
	Signature, typed or printed name of registered age	ent and utte if applicable. (NOTE: F	Registered A	Agent signature require	ed when reinstating) DATE				۱ ۲
	Signature, typed or printed name of registered ago OFFICERS A		Registered /	Agent signature require	ADDITIONS/CHANGES TO OFFICERS /	ND DIRE	CTOR	RS IN 12	00/
12.	OFFICERS A	ent and ute if applicable. (NOTE: F ND DIRECTORS  DELETE	_			ND DIRE		RS IN 12	(44,00)
12.	OFFICERS AI	ND DIRECTORS	13.	LE					00/14/00
12. TITLE NAME	PVS HARRIS, WELDON	ND DIRECTORS	13. 1.1 TITI 1.2 NAI	LE ME					5034 (44/08)
12. TITLE NAME STREET ADDRESS	OFFICERS AT PVS HARRIS, WELDON 400 BLUE LAKE DR.	ND DIRECTORS	13. 1.1 TITI 1.2 NAM 1.3 STE	LE ME REET ADDRESS .					90/14/00/
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND PVS HARRIS, WELDON 400 BLUE LAKE DR. LONGWOOD FL	ND DIRECTORS	13. 1.1 TITI 1.2 NAI 1.3 STE 1.4 CIT	LE ME REET ADDRESS . Y-ST-ZIP			ange		CD0E034 (44,00
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PVS HARRIS, WELDON 400 BLUE LAKE DR. LONGWOOD FL TD HARRIS, WELDON	ND DIRECTORS	13. 1.1 TITL 1.2 NAM 1.3 STE 1.4 CIT 2.1 TITE 2.2 NAM	LE ME REET ADDRESS . Y-ST-ZIP LE		☐] Chi	ange	☐ Addition	CEOE034 (44 l08)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PVS HARRIS, WELDON 400 BLUE LAKE DR. LONGWOOD FL TD HARRIS, WELDON 400 BLUE LAKE DR.	ND DIRECTORS	13. 1.1 TITE 1.2 NAM 1.3 STE 1.4 CIT 2.1 TITE 2.2 NAM 2.3 STE	LE ME REET ADDRESS . Y-ST-ZIP LE ME REET ADDRESS		☐] Chi	ange	☐ Addition	CB0E034 (41/08)
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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: