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

FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90165 016 ***158.75

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	P92000008944

1. Corporation Name

STREET ADDRESS

PIRATE ENTERPRISES, INC.

Principal Place	e of Business	Mailing Address	<u> </u>) 19611661 (19 1811 11811 68111 66111 66111 66	15115 14	100 MIB21 B141 (BB)	
5320 SW 28TH TERRACE 3325 GRIFFIN RD. FT. LAUDERDALE FL 33312 SUITE #119 US FT. LAUDERDALE FL 33312			312			DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed 12/03/1992			
2 Principal Pl	ace of Business_	2a. Mailing Address				4. FEI Number	- $ -$	Applied For	
¬ ·	9 00 01, 1 000)/1000_	26	-	-		65-0389046		Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional Required	
City & State	9	City & State				6. Election Campaign Financing Trust Fund Contribution		May Be	
23 Zip	Country	Zip	Cou	intry		This corporation owes the current year			
	25	29	30	,		Personal Property Tax.	Yes	□No	
24	9. Name and Address of Curren		130	1		10. Name and Address of New Registere	ed Agent		
	0			81	Name				
	IAN, MARC L SW 28TH TERRACE			82	Street Addre	ess (P.O. Box Number is Not Acceptable)			
	AUDERDALE FL 33312			83					
				84	City		. 85 Zi	p Code	
					_	F	_ 1		
-46	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Elorida Such change was	PARTHUMBER	וז עמים	named corpo he corporation	oration submits this statement for the purpose n's board of directors. I hereby accept the ap	pointment as	registered	
SIGNATURE						when reinstating) DATE			
12.	Signature, typed or printed name of registered agen	nt and title if applicable. (NO ND DIRECTORS	13.	1 Agent	signature required	ADDITIONS/CHANGES TO OFFICERS	AND DIREC	TORS IN 12	
TITLE	PST	DELETE	1.1 Ti	ITLE			☐ Chang		
NAME	WYMAN, MARC L	_	1.2 N					ì	
STREET ADDRESS	5320 SW 28TH TERRACE		1.3 \$	TREET A	ADORESS			1	
CITY-ST-ZIP	FT. LAUDERDALE FL 33312		1	TY-ST-				_ }	
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NAME			22 N	AME				}	
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NAME			3.2 N	AME				· ·	
STREET ADDRESS	<u>!</u>		3.3 \$	TREET	ADDRESS				
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NAME I			4.21	MAME				ł	
STREET ADDRESS			4.3 \$	TREET /	ADDRESS				
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TITLE		☐ DELETE	5.1 T	ME			Chang	e [] Addition	
NAME			5.2 N					1	
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TITLE		☐ DELETE	6.1 T				Chang	je 🗌 Addition	
NAME	}		6.2 N		}			. }	
STREET ANDRESS			6.3 S	TREET	ADDRESS			ĺ	

14. 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 chapted, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP