ŞILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1	9	9	b	

1. Corporation	INIEN I # on Name I ENTERPRISES		BEACH, INC.)			III B ark Bo ni Bani Brei	i
Principal Plac	e of Business		Mailing Address					
6003 PARK WALK DR. 60			6003 PARK WALK DR. BOYNTON BEACH FL 33437					
						 Date Incorporated or Qualified 01/25/1993 	3a. Date of La 05/01/	•
2. Principal F	Place of Business		2a. Mailing Address			4. FEI Number	00/01/	Applied For
21	├──		26			65-0448525	ľ	Not Applicable
Suite, Apt.	. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		3.75 Additional Fee Required
City & Star	te		City & State			Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees
Zip 24	Co 25	untry	Zip 29	30	ntry	8. This corporation has liability for Florida Statutes 🕱 Ye		
	g. Name and Ad	dress of Curre	nt Registered Agent			10. Name and Address of New		t
					81 Name			
BAUMAN, MARTIN 6003 PARK WALK DR.			82 Street Address (P.O. Box Number is Not Acceptable)					
	ON BEACH FL 33	435		•	83			
					84 City		OF.	Zip Code
				i			FL 85	
or registe familiar w	ered agent, or both, in ithing maccers me of Supress typed or printed in	Welve				progration submits this statement for the p board of directors. I hereby accept the ap earlied when reinstating:	urpose of changing pointment as regist	its registered office lered agent. I am
12.			ID DIRECTORS	13.	•	ADDITIONS/CHANGES TO OF	FICERS AND DIRE	CTORS IN 12
TITLE	D		☐ DELETE	1. 1 1	TLE		☐ Cha	ange Addition
NAME	BAUMANN, M			1.2 NA	,ME			
STREET ADDRESS	6003 PARK W	ALK DRIVE	121117		REET ADDRESS			
CITY-ST-ZIP TITLE	BOYNTON BE	AUT FL 33430	DELETE	1.4 CIT	TY-ST-ZIP		☐ Chai	inge Addition
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CITY - ST - ZIP					TY-ST-ZIP			
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NAME				3.2 NA	ME			
STREET ADDRESS				3.3. ST	REET ADDRESS			
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NAME				4.2 NA				
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NAME			C) perese	5.2 NA			∟ Cildi	nge [_ Mounton
STREET ADDRESS					REET ADDRESS			
CITY-ST-ZIP					TY-ST-ZIP			
TITLE	<u>† </u>		DELETE	6 1 Ti			☐ Char	inge
NAME				62 NA	ME		_	-
STREET ADDRESS				6 3 ST	REET ADDRESS			
CHTY-ST-ZIP				6400	Y_\$1.7iP			

14. Ido hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Fiorida 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.

SIGNATURE: WIGHATURE AN

MATUIN MANAPH

138-1810 Dayline Phone #