FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

	MEN 1 # P93 ENTERPRISES, INC	3000019954 (5)			Han 1880 inin 1918 (1918)
Principal Place of Business 4425 PLEASANT HILL RD. KISSIMMEE FL 34746 US		Mailing Address 4425 PLEASANT HILL RD. KISSIMMEE FL 34746-271 US			
				3. Date incorporated or Qualified 03/12/1993	3a. Date of Last Report 05/01/1996
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
Suffe, Apt. #, etc.		26 Suite, Apt. #, etc.		59-3172320	Not Applicable
22		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Z(p 29	Country 30	8- This corporation has liability for int	
	9. Name and Address	of Current Registered Agent		10. Name and Address of New Regi	
COLLINS, ALLAN R 738 YUCATAN CT. KISSSIMMEE FL 34758			81 Name 82 Street Add	ress (P.O. Box Number is Not Acceptable)
198 (0.8888) 1 E			84 City		85 Zip Code
40 16 6 7	in the provisions of Costion	207 0500 and 207 1500 Florida Plat.	lee the share period and	and the second s	FL S Zip Good
office or re agent. I a	egistered agent, or both, in m familiar with, and accept	is 607.0502 and 607.1506, Florida Statu I the State of Florida. Such change was I the obligations of, Section 607.0505, Fl	tes, the above-hamed cor authorized by the corpora orida Statutes.	poration submils this statement for the pur ition's board of directors. I hereby accept	the appointment as registered
SIGNATURE	Signature, typed or printed name of	registered agent and tire if applicable (NO	IE Registered Agent signature requ	ired when reinstating)	DATE.
12, 7	OFFI	CERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	
TITLE	COLUMB ALLAND	L) DELETE	1.1 TO LE		Change Addition
NAME	COLLINS, ALLAN R 736 YUCATAN CT.		1.2 NAME		
STREET ADDRESS	KISSIMMEE FL 34758		1.3 STREET ADDRESS		
CITY-ST-ZIP	V	DELETE	1.4 C(TY - ST - ZIP 2 1 T(T)E		Change Addition
NAME	COLLINS, MARGARET		5'S NAME		CT orwings CT Modulon
STREET ADDRESS	736 YUCATAN CT.		2.3 STREET ADDIRESS		
CITY-ST-ZIP	KISSIMMEE FL 34758		2.4 CITY - ST - ZIP		
TITLE		DELETE	3.1 TITLF		☐ Change ☐ Addition
-NAMÉ =-	•		3.2 NAME	•	¥ (
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. C(1Y-ST-Z)P		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME)			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	4.4 City - ST - ZiP		Change Addition
TITLE		L) petere	5.1 TITLE		Change L Addition
NAME Street address			5.2 NAME		
			5.3 STREET ADDRESS		ł
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - ST - ZIP 6.1 TITLE		Change Addition
NAME		_ Meeti	6.2 NAME		E Sumido E Madillon
STREET ADDRESS			6.3 STREET ADDRESS		
- IIII PET PETITION			0.5 STREET ADDINESS		

64 CITY-ST-ZIP

14. I do 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 or an attachment with an address.

SIGNATURE:

一年前日本の方子 野でいる 職員をあれい無ななみでいませ

FILED

Apr 21 1997 8:00am

Secretary of State