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 Apr 21, 1999 8:00 am Secretary of State 04-21-1999 90171 021 ***150.00

DOCUMENT #	P93000020896
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DOCUI 1. Corporation	MENT # P9300 0	0020896							
	A ENTERPRISES, INC.								
Principal Place	of Business	Mailing Address							
6105 MEMORIA	1	6105 MEMRIAL HWY				5.25	•	•	
R		R			,	. DO NOT WRITE IN THIS	SDACE	*	
TAMPA FL 3361 US	15	TAMPA FL 33615 US				3. Date Incorporated or Qualifed	SFACE		
03		•.				03/19/1993			
2. Principal P	lace of Business	2a. Mailing Address			•	4. FEI Number	Apr	olied For	
21		26				59-3170867	Not	Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 A		
22		27		_		c. common or canada position	Fee Rec		
City & Stat	e	City & State				6. Election Campaign Financing	\$5.00		
23		28 Zip	-	ountry		Trust Fund Contribution	Added to	o Fees	
Zip	Country 25	29	30	oundy		This corporation owes the current year in Personal Property Tax.		□No	
24	9. Name and Address of Curre		30			10. Name and Address of New Registered			
				81	Name				
	BUS, RONALD H			82	Street Addr	ress (P.O. Box Number is Not Acceptable)			
	WEST BAY STREET			· "	0.10017.00.				
TAM	PA FL 33606			83					
~~			_	. 84	City		85 Zip C	Code	
		<u> </u>	: 	ᆲ		<u> </u>	<u> </u>		
11. Pursuant	to the provisions of Sections 607.05 naistered agent, or both, in the State	02 and 607.1508, Florida S of Florida, Such change w	tatutes, the as authoriz	above ed by t	-named corp the corporation	poration submits this statement for the purpose of on's board of directors. I hereby accept the appo	changing its intment as rei	registered gistered	
agent. I a	m familiar with, and accept the oblig-	ations of, Section 607.0505	, Florida St	atutés.	·	•			
SIGNATURE	Signature, typed or printed name of registered age	ant and title if anoticable	NOTE: Register	red Agent	sionature require	d when reinstating) DATE			
12.		ND DIRECTORS	1:		ognores (adams	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12	
TITLE	D	☐ DELET	E 1.1	TITLE		•	☐ Change	☐ Addition	
NAME	WILDENAUER, MICHELLE M		1.2	NAME		, 4		1	
STREET ADDRESS	5501 PENTAIL CIR,		1.3	STREET	ADDRESS				
CITY-ST-ZIP	TAMPA FL		1.4	1.4 CITY-ST-ZIP					
TITLÉ	D	☐ DELET	E 2.1	TITLE			Change	Addition	
NAME	SHAPIRO, ERIC	•	2.2	NAME					
STREET ADDRESS	5501 PENTAIL CIR.		1		ADDRESS			1	
CITY-ST-ZIP	TAMPA FL	□ NCIET		4 CITY-ST	r-ZiP		☐ Change	Addition	
TITLE	١	☐ DELET	1	TITLE NAME	-				
NAME					ADDRESS			}	
STREET ADDRESS	•			. CITY-ST	1			ļ	
CITY-ST-ZIP TITLE		☐ DELET		TITLE	-211		Change	Addition	
NAME	Ai .			4. 2 NAME					
STREET ADDRESS			4.3	STREET	ADDRESS			}	
CITY-ST-ZIP	,		4.4	CITY-ST	-ZIP				
TITLE		☐ DELET		TITLE	T		Change	Addition	
NAME	i			NAME		•			
STREET ADDRESS					ADDRESS	•			
CITY-ST-ZIP				CITY-ST	-ZIP		Change	Addition	
TITLE	•	☐ DELET	_	NAME		•	∟ criange	[Addition	
NAME		•			ADDRESS			{	
STREET ADDRESS			0.3	JINEEL	ADDITION				

6.4 CITY-ST-ZIP 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 rustee 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 off an attachment with an address, with all other like empowered.

SIGNATURE: