## 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 06, 1999 8:00 am Secretary of State

05-06-1999 90242 048 \*\*\*150.00

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DOCUMENT	#	P93	000	036	367

1. Corporation Name

FT. PIERCE ENTERPRISES, INC.

					_			
Principal Place	e of Business	Mailing Address					18182 14118 BITES 1111	
3224 SOUTH U.	*	2601 MCCOY ROA						
FT. PIERCE FL 34982 ORLANDO FL 32809 US			DO NOT WRITE IN THIS SPACE					
US		03				3 Date Incorporated or Qualifed	1110 01 7.00	
						05/17/1993		ļ
2. Principal Pl	ace of Business	2a, Mailing Addre	ss		<del></del> -	4. FEI Number	A	pplied For
21	· · · · · · · · · · · · · · · · · · ·	26				65-0414309	N	ot Applicable
Suite, Apt.		Suite, Apt. #,	etc.		•	5. Certifcate of Status Desired		Additional tequired
City & State	<del></del>	City & State				6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution		to Fees
—¬ Zip	Country	Zip		ountry		8. This corporation owes the current year	ar Intangíble □ Yes	□No
24	25 25 Cus	29	30			Personal Property Tax.  10. Name and Address of New Register		
	9. Name and Address of Cur	ent Registered Agent		81	Name	IV. Hamb and Address or rich ribgists		
PATE	EL, NATVERLAL K			L.	<u> </u>			
2601 MCCOY RD		82	Street Add	dress (P.O. Box Number is Not Acceptable)				
ORL	ANDO FL 32780			83				
				84	City		FL 85 Zip	Code
44 Pursuant	to the provisions of Sections 607 (	1502 and 607 1508 Florid	a Statutes, the	above	e-named cor	poration submits this statement for the purpos	e of changing it	s registered
office or re	egistered agent, or both, in the Sta m familiar with, and accept the obl	ite of Florida. Such chanc	e was authoriz	ed by	the corporat	ion's board of directors. I hereby accept the a	ppointment as re	egistered
SIGNATURE	Signature, typed or printed name of registered	and and title if applicable	/NOTE: Pagista	red Agen	t signature requil	red when reinstating) DAT	<u> </u>	
12		AND DIRECTORS	(NOTE: Registe		t signature requir	ADDITIONS/CHANGES TO OFFICER		ORS IN 12
12	VP	□ DE		TITLE	· · · · · ·	7.00111010501711102010 01110211	Change	Addition
NAME	PATEL, NATVERLAL K		1.2	NAME				ì
STREET ADDRESS	2601 MCCOM ROAD		1.3	STREET	ADDRESS			
CITY-ST-ZIP	ORLANDO FL		1.4	CITY-ST	r-ZIP			
TITLE	P	□ DE	LETE 2.1	TITLE			Change	☐ Addition
NAME	PATEL, DILIP C 22		NAME				į	
STREET ADDRESS	201 S. 14TH STREET		2.3	STREET	ADDRESS			Į.
CTY-ST-ZIP	LEESBURG FL 32809		2.	4 CITY-S	T-ZIP	<u> </u>		
TITLE		□ DE	LETE 3.1	TITLE			☐ Change	Addition
NAME			3.2	NAME				J
STREET ADDRESS			3.3	STREET	ADDRESS			
CITY-ST-ZIP	<u></u>		3.4	. CITY-S	T-ZIP			
TIπĹĒ		DE	LETE 4.1	TITLE			☐ Change	☐ Addition
NAME			4.3	2 NAME				
STREET ADDRESS			4.3	STREET	ADDRESS			ĺ
CITY-ST-ZIP	<u></u>			CITY-S	r-zip			
TITLE		☐ DE		TITLE			☐ Change	Addition
NAME	•			NAME				
STREET ADDRESS	-		•		ADDRESS			· • . (
CITY-ST-ZIP				CITY-S	r-ZIP			□ A Juliu -
TITLE		□ DE		TITLE	ļ		Change	☐ Addition
NAME			l ·	NAME				
STREET ADDRESS			6.3	STREET	ADDRESS			}
CITY-ST-ZIP	<u></u> _			CITY-\$	,			
a a l bonnbur		with this filing done and a	undifutor the a		an atatad in	Section 119.07(3)(i), Florida Statutes, I furthe	ir comity that the	miomation

4. 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 informatio 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, on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR LACE SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR