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

PROFIT CORPORATION **ANNUAL REPORT**

1998



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P93000061895 (7)

TRIBE ENTERPRISES, INC.

FILED May 11 1998 8:00am Secretary of State



Principal Place of Business Mailing		Mailing Address	ling Address		E ENDRYAMAN NEW CONTROL WATER WATER	41 MB101 MB180 M480 SIMBS IQII	O TEINI BILL TO AL	
311 WASHINGTON AVE. LAKE MARY FL 32746		311 WASHINGTON AVE LAKE MARY FL 32746	LAKE MARY FL 32746					
		US				RITE IN THIS SPACE		
:					3. Date Incorporated or Qualif	lea		
2. Principal P	face of Business	2a. Mailing Address			08/30/1993 4. FEI Number		Applied For	
21		26			59-3241712	<i>'</i>	Applied For Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.7	5 Additional	
22		27	27				e Required	
City & State		City & State	City & State		8, Election Campaign Financin	ng \$5. 1	00 May Be	
23		28			Trust Fund Contribution		ied to Fees	
Zip	Country	Zip	Coun	itry	8. This corporation owes or ha		1	
24	25 29 30 g, Name and Address of Current Registered Agent		30	Personal Property Tax due June 30. Yes No				
~~		iit uadistatan waatit		10. Name and Address of New Registered Agent				
CRAWFORD, GREGORY L 311 WASHINGTON AVE.				GREGORY L. CRAWFORY				
	E MARY FL 32746		[6	Street Add	dress (P.O. Box Number is Not Acce			
	E MPN1 FE 32/40		la la	B3	I WASHINGTON) 1106		
			18	City 🛴	AKE MALL	FI 85 3	ip Code	
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statut	es, the abo	ove-named cou	rooration submits this statement for t	he purpose of changir	ng its registered	
office or r	egistered agent, or both, in the State m familiar with, and accept the oblic	e of Florida. Such change was a rations.of, Section 607.0505, Fk	authorized or oa Statu	by the corpora	ation's board of directors. I hereby a	ccept the appointment	as registered	
SIGNATURE	GOBBONI L	CRAWISORD (19	Medi	A (Taylor	11.2	2.00	
	Signature, typod or printed name of registered at	of and title if applicable (NOT	Registered	Age o signate of heck	ured when reinstating)	DATE		
12.		ID DIRECTORS	13.	00	ADDITIONS/CHANGES TO O			
TITLE	D Crawford, Gregory L	L] DELETE	1.1 TITU	1		☐ Chan	nge ∐ Addition	
NAME STREET ADDRESS	311 WASHINGTON AVE		1.2 NAM					
CITY-ST-ZIP	LAKE MARY FL 32746			EET ADDRESS				
TITLE	Out man 12 de 140	DELETE	2.1 TITL	r - ST-ZIP	···	☐ Chan	ge Addition	
NAME		–	2.2 NAM	i				
STREET ADDRESS				EET ADDRESS				
CITY-ST-ZIP				Y-ST-ZIP				
TITLE		☐ DELETE	3.1 TITLE			Chan	ge Addition	
NAME			3.2 NAM	NE			ĺ	
STREET ADDRESS			3.3 STRE	EET ADDRESS				
CITY-ST-ZIP			3.4. CITY	Y-ST-ZIP				
TITLE		☐ DELETE	4.1 TITU	E [☐ Chan	ge Addition	
NAME			4. 2 NAN	AE				
STREET ADDRESS			4.3 STRE	EET ADDRESS				
CITY-ST-ZIP	-	T priest		-ST-ZIP		[] A.		
TITLE		☐ DELETE	5.1 TITLE	1		∟. Chang	ge ∐ Addition	
NAME CTREET ADDRESS			5.2 NAM	I .				
STREET ADDRESS				EFF ADORESS			1	
CITY-ST-ZIP TITLE		DELETE	5.4 CITY 6.1 TITLE	-ST-ZIP		☐ Chang	ge Addition	
NAME		LJ beceit	6.2 NAM	ļ		L. Chang	, — Mudilion	
STREET ADDRESS				EF ADDRESS				
CITY-ST-ZIP				-ST-ZIP			Į.	
	ertify that the information supplied w	ith this films does not qualify to			Section 119 07/3/(i) Florida Statute	an I further certify that	the information	

indicated on this annual report or supplied with this filling does not qualify for the exemption stated in section 119.07(3)(), Florida Statutes. 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 is required by Chapter 307, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.