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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

	MENT # P93000 ENTERPRISES INC.	067091 (7)		THE REPORT OF THE PROPERTY OF	
Principal Place	e of Business	Mailing Address			11: 00111 1 0111 1 01 11 00110 10101 1101 1
3900 COUNTY LINE ROAD 3900 COUNTY LINE ROAD					
#22A #22A TEQUESTA FL 33469 TEQUESTA FL 33469-2216					
IEGULOIA FE	55700	INCOME OF THE SECOND SECOND		3. Date Incorporated or Qualified 09/20/1993	3a. Date of Last Report 04/23/1996
	iace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0458503	Not Applicable
Suite, Apt. #, etc.		<u>├</u> ~1	Suite, Apt. #, etc.		S8.75 Additional Fee Regulred
22		City & State	City & State		
28		 		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for	
24	25	29 30	-		Yes No
	9. Name and Address of Curren		1	10. Name and Address of New R	eglatered Agent
WIN	DMILL, HAZEL D		B1 Name	man China	11121-
	O COUNTY LINE ROAD		82 Street	Address (P.O. Box Number is Not Accepta	1)(a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c
#22	A		390	DO COUNTY LINE	KO OD-M.
TEO	IUESTA FL 33469		83 72	DUFSTA	
			84 City	2007.7	86 Zin Code 40.
					FL " 55469
office or r agent. I a SIGNATURE	Monald . ik	in en	recized by the corp la statutes.	corporation submits this statement for the location's board of directors. I hereby access required when reinstating)	ipt the appointment as registered H/27/97 DATE
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFI	
111.1	Р	DELETE.	1.1 TITLE	PRETIDENT	Change Addition
NAME	HAZEL D. WINDMILL	SECENSON)	1.2 NAME	SONALD CINING	ES 23A
STREET ADDRESS	3900 COUNTY LINE RD 22A		1.3 STREET ADDRESS		
GHY-ST-ZIF	TEQUESTA FL-3341Q		1.4 CITY-ST-ZIP	TEQUESH, TE	≥34 <i>6</i> 9
TITLE	VP	☐ DELETE	2.1 TITLE		Change Addition
NAMÉ	IAN M. WINDMILL	İ	2.2 NAME		
STREET ADDRESS	10914 HOBBS STATION RD		2.3 STREET ADDRESS		
CITY - ST - ZIP	LOUISVILLE KY 40223	☐ DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE		Change Addition
THLE	KLAVKE, GAIL E	··	3,1 II(LE	CAU & NECARTHU	A CHAILBE THE MODITION
NAME OFFICE AGENTUS	105 GREENBRIAR DR	REMARKED.	3.4 NAME	CAIL E. NCCARTHY NS ORECTERING	DR.
STREET ADDRESS	JUPITER FL		3.3 STREET ADDRESS	TOTAL	3458 -
CITY - ST - ZIP	- SOFTIEN I E	DELETE	3.4. CITY-ST-ZIP 4.1 TITLE	JUPITER, FL. S	☐ Change ☐ Addition
NAME		tent Decemb	4.1 FILE 4. 2 NAME		E change E radiitor
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP			4.4 City-ST-ZiP		
Tille		☐ OELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		, <u> </u>
STREET ADDRESS	1		5.3 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZiP		
TillE		☐ DELETE	61 TIFLE		Change Addition
NAME			6.2 NAME		
STHEET ADDRESS			6.3 STREET ADDRESS		
0.07 61 310	\		EACITY OF BIR		

14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statules. 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 Statules; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED

FILED

May 14 1997 8:00am

Secretary of State

0331912