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



Sandra B. Mortham

ANN	PROFIT RPORATION UAL REPORT 1997		Sandra Secre DIVISION O	ARTMENT OF STATE B. Mortham etary of State F CORPORATIONS			
CLJ EN	MENT # P930 on Name TERPRISES, INC.						
1441 8 DIXIE	ce of Business FREEWAY BEACH FL 32168	1441 S	g Address Dixie Freeway Myrna Beach F	FL 32168-7604	Date Incorporated or Qualifier		
					10/07/1993	04/12/19	
2. Principal (Place of Business	2a. Ma	ailing Address		4. FEI Number 59-3207994	-	Applied For Not Applicat
Suite, Apt	. #, etc.	Su	ite, Apt. #, etc.		Certificate of Status Desired		75 Additional
City & Ste	ite	27 Cit	ly & State		6. Election Campaign Financing		ee Required .00 May Be
23		28			Trust Fund Contribution	F	dded to Fees
Zip 24]	Country 25	Zir. 29)	Country 30	This corporation has liability for Florida Statutes	or intangible tax un ☐ Yes ☐ No	der s. 199.032,
	9. Name and Address of RRIEN, FRANCOIS X	1 Current Registere	d Agent	81 Name	10. Name and Address of New I	Registered Agent	
	:RRIEN, FRANCOIS X - FOX VALLEY COURT - IGWOOD FL-82779 - <i>へい</i>	·			- /		
11. Pursuant	t to the provisions of Sections	607.0502 and 607.1	1508. Florida Stat	84 City	poration submits this statement for the tion's board of directors. I hereby acc	FL 85 c purpose of changept the appointme	Zip Code ging its registere nt as registered
11. Pursuant office or agent. I SIGNATURE	to the provisions of Sections registered agent, or both, in the am familiar with, and accept the Stynature, typed or printed name of reg	607.0502 and 607.1 he Stale of Florida. S he obligations of, So	508, Florida Stal Such change wa oction 607.0505,	84 City Turies, the above-named corps authorized by the corpora Florida Statutos.	poration submits this statement for the tion's board of directors. I hereby acc ired when roinstating)	e purpose of changept the appointme	ging its registere nt as registered
11. Pursuant office or agent. I	to the provisions of Sections registered agent, or both, in the am familiar with, and accept the Signature, typed or printed name of region OFFICI	607.0502 and 607.1 he State of Florida S he obligations of, So pistered agent and little If app LRS AND DIRECTO	508, Florida Stal Such change wa oction 607.0505,	84 City utes, the above-named corpora s authorized by the corpora	poration submits this statement for the tion's board of directors. I hereby acc	e purpose of changept the appointme	ging its register nt as registered CTORS IN 12
11. Pursuant office or agent. I is SIGNATURE 12. TITLE NAME STREET ADDRESS	to the provisions of Sections registered agent, or both, in the familiar with, and accept the signature, typed or printed name of region of the part o	607.05.02 and 607.1 the State of Florida. State of Florida. She obligations of, So pistered agent and life If applicated AND DIRECTO	1508, Florida Stat Such change wa Iction 607,0505, Idicable (N RS DELFTE	13. 11 TIPLE 1.2 NAME 1.3 STREET ADDRESS	poration submits this statement for the tion's board of directors. I hereby accuracy when reinstatings ADDITIONS/CHANGES TO OFF	e purpose of changept the appointme	ging its registered as registered as registered CTORS IN 12
11. Pursuant office or agent. I i SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	to the provisions of Sections registered agent, or both, in the familiar with, and accept the Signature, typed or printed name of registered agent, or both, in the Signature, typed or printed name of registered particles of the Jackson, Clayton L 166 FOX VALLEY OF LONGWOOD FL 82770-ST JACKSON, LON L JR 106 FOX VALLEY CT	607.05.02 and 607.1 the State of Florida. State of Florida. She obligations of, So pistered agent and life If applicated AND DIRECTO	1508, Florida Stat Such change wa Iction 607,0505, Idicable (N RS DELFTE	13. 11 ITLE 1.3 STREET ADDRESS 2.3 STREET ADDRESS	poration submits this statement for the tion's board of directors. I hereby accuracy when reinstatings ADDITIONS/CHANGES TO OFF	e purpose of changept the appointme	ging its registern nt as registered CTORS IN 12 ange Addit
11. Pursuant office or agent. I i SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	to the provisions of Sections registered agent, or both, in the familiar with, and accept the Signature, typed or printed name of registered. Signature, typed or printed name of registered particles of the Jackson, Clayton L. 108 FOX VALLEY OF LONGWOOD FL 32770-ST JACKSON, LON L JR 108 FOX VALLEY CT LONGWOOD FL 32770	607,0502 and 607.1 the State of Florida. She obligations of, So pistered agent and life II app. ERS AND DIRECTO	iso8, Florida Stat Such change wa iction 607,0505, oilcable (N HS DELETE	84 City Iutes, the above-named corps authorized by the corpora Florida Statutes. OTE Registered Agent sepreture requals 13. 11 TITLE 1.3 STREET ADDRESS 2.1 TITLE 22 NAME 2.3 STREET ADDRESS 2.4 CITY-S1-ZIP 3.1 TITLE	poration submits this statement for the tion's board of directors. I hereby accuracy when reinstatings ADDITIONS/CHANGES TO OFF	e purpose of changept the appointme	ging its registered as registered CTORS IN 12 ange Addit
11. Pursuant office or agent. I is signature 12. Title NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	to the provisions of Sections registered agent, or both, in the familiar with, and accept the Signature, typed or printed name of registered. Signature, typed or printed name of registered particles of the Jackson, Clayton L. 108 FOX VALLEY OF LONGWOOD FL 32770-ST JACKSON, LON L JR 108 FOX VALLEY CT LONGWOOD FL 32770	607,0502 and 607.1 the State of Florida. She obligations of, So pistered agent and life II app. ERS AND DIRECTO	iso8, Florida Stat Such change wa iction 607,0505, oilcable (N HS DELETE	13. 11 TITLE 1.3 STREET ADDRESS 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 4.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 4.3 STREET ADDRESS	poration submits this statement for the tion's board of directors. I hereby accuracy when reinstatings ADDITIONS/CHANGES TO OFF	e purpose of changept the appointme	ging its registered as registered as registered as registered ange Additional Additiona
11. Pursuant office or agent. I is signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	to the provisions of Sections registered agent, or both, in the familiar with, and accept the Signature, typed or printed name of registered. Signature, typed or printed name of registered particles of the Jackson, Clayton L. 108 FOX VALLEY OF LONGWOOD FL 32770-ST JACKSON, LON L JR 108 FOX VALLEY CT LONGWOOD FL 32770	607,0502 and 607.1 the State of Florida. She obligations of, So pistered agent and life II app. ERS AND DIRECTO	1508, Florida Stat Such change wa action 607,0505, MS	13. 11 TITLE 1.3 STREET ADDRESS 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 4.4 CITY-ST-ZIP 3.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME	poration submits this statement for the tion's board of directors. I hereby accuracy when reinstatings ADDITIONS/CHANGES TO OFF	e purpose of changept the appointme	ging its registered as registered as registered ange Additional Ad