	NOW: FILING FEE	AFTER MAY 1ST	IS \$550	.00	. ــــــــــــــــــــــــــــــــــــ	ILED	
PROFIT CORPORATION ANNUAL REPORT 1998		Sandra	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		May 11 1998 8:00ar Secretary of State		
		· · · · ·			Secreta	ary of	State
	MENT # P9300 Nerne NTERPRISES, INC.	0074289 (8)	)				
Principal Place of Business Mailing Address 990 N.W. 36TH \$TREET 990 N.W. 36TH STREET FORT LAUDERDALE FL 33309 FORT LAUDERDALE FL 33309					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified	IN THIS SPACE	
Principal Pl	ace of Business	2a. Mailing Address			10/20/1993 4. FEI Number		Applied For
O ha Ant		26			65-0457384		Not Applicable
Sulte, Apt. #, etc. City & State		Suite, Apt. #, etc. 27 City & State 28		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
				<ol> <li>Election Campaign Financing Trust Fund Contribution</li> </ol>		.00 May Be ded to Fees	
Zip	Country 25	2ip 29]	Country 30	/	<ol> <li>This corporation owes or has pa Personal Property Tax due June</li> </ol>		ar Intangible
	<ol> <li>Name and Address of Current DOLA, LEONARD</li> </ol>		81	Name	10. Name and Address of New Re		
	RT LAUDERDALE FL 33309	02 and 607.1508, Florida Statu	83 84 tes, the abov	City	poration submits this statement for the p	<b>FL</b>   ~	Zip Code
office or re agent. I ar	ogistered agent, or both, in the State	of Florida, Such change was	authorized by	y the corpora	Standa banand of disentany. I becalis, as as	at the ennemers	
IGNATURE			lorida Statute	S.	poration submits this statement for the p tion's board of directors. I hereby acce	pt the appointmen	t as registered
IGNATURE	Signature, typed or printed name of rog stelled ag	eni and ble if applicable (NO	TE Registered Age		ired when reinstating)	DATE	
GNATURE	Signature, typed or printed name of rog stelled ag		TL Fiegistered Age 13. 1.1 TITLE 1.2 NAME	ent signature requ		DATE	TORS IN 12 nge Addition
IGNATURE	Signeture, tyled or printed have of registered ag OF LICE RS AN CEDOLA, LEONARD	en mat tile if applicable (NO ID DIRECTORS DELETE	TL Fiegistered Age 13. 1.1 TITLE 1.2 NAME	ont signature requi	ired when reinstating)	DATE CERS AND DIREC	TORS IN 12
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