## 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

## P93000074380

**DOCUMENT #** 

## Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90091 018 \*\*\*150.00

Principal Place	TERPRISES, INC.	Mailing Address				
		-				
1336 KILLIAN ST 1336 KILLIAN ST DAYTONA BEACH FL 32114 DAYTONA BEACH FL 32114						
DATE OF THE					DO NOT WRITE IN THI	S SPACE
					3. Date Incorporated or Qualifed	
					10/21/1993	·
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			59-3223017	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 Additional
22 27					J. Controcto of Catalog Science	Fee Required
City & State City & State					6, Election Campaign Financing	<b>\$5.00</b> May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Cour	itry	8. This corporation owes the current year In	
24	25	29	30		Personal Property Tax.	☐ Yes ☐ No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registered	1 Agent
				81 Name		
MITCHELL, JEROME D			-	82 Street Ad	Idress (P.O. Box Number is Not Acceptable)	
,	OND FLOOR					
125 N RIDGEWOOD AVE			Ī	83		
DAY DAY	TONA BEACH FL 32114			04 014		as Zin Codo
				84 City	Fi	Zip Code
office or r agent. I a	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was au	thorized	by the corpora	proration submits this statement for the purpose of ation's board of directors. I hereby accept the appearance of the purpose	of changing its registered bintment as registered
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE:	Registered A	Agent signature requ	uired when reinstating) DATE	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	PSTV	☐ DELETE	1.1 TITL	E		
NAME	DOWNS, CHRISTINE					☐ Change ☐ Addition
STREET ADDRESS			1.2 NAM	AE		Change Addition
				ME REET ADORESS		☐ Change ☐ Addition
ĺ	1336 KILLIAN ST		1.3 STF	REET ADORESS		☐ Change ☐ Addition
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14. 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 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 Statutes; and that my name appears in B'ock 12 or Block 13 if changes for on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR