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

**PROFIT CORPORATION ANNUAL REPORT** 

**1998** 

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 01 1998 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Corporati	ENTERPRISE, INC.	0074711	(1)		I TRANCON NO HIER NAN ARMI RANG BE		
Principal Place of Business		Mailing Address	<del></del>		·—		
1580 WELLS SUITE 20	S RD	1580 WELLS RD SUITE 20			DO NOT HIDIT	- IN THE ODA OF	
ORANGE PA	IRK FL 32073	ORANGE PARK FL	. 32073		3. Date Incorporated or Qualified	IN THIS SPACE	
					10/22/1993		
2. Principal	Place of Business	2a. Mailing Addres	S		4. FEI Number	Applied For	
21		26			59-3072045	Not Applicab	le
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	S8.75 Additional	
22		27		5. Commodes of Status Desired	Fee Required		
City & Sta	ite	City & State			6. Election Campaign Financing	\$5.00 May Be	
Zip	Country	<b>28</b>	Count		Trust Fund Contribution	Added to Fees	
24	25	29	30	• •	This corporation owes or has pa     Personal Property Tax due June		
	9. Name and Address of Curren	I Registered Agent	1331		10. Name and Address of New Re		
P/	ATEL, BALWANTRAI R		8	1 Name			
	580 Wells ad		82		dress (P.O. Box Number is Not Acceptab	ole)	
	JITE 20						
0	RANGE PARK FL 32073		83				
			8	4 City		FL 85 Zip Code	_
11. Pursuan office or agent. (					poration submits this statement for the pation's board of directors. I hereby accepaired when reinstating)	ourpose of changing its registere of the appointment as registered	đ
12.	OFFICERS AND		13.	gent and latere redu	ADDITIONS/CHANGES TO OFFIC		
TITLE	P	OELE	TE 11TITLE			☐ Change ☐ Addition	 on
NAME	<b>B</b> ALLANTRAI PATEL, R		1.2 NAMI	:			
STREET ADDRESS	1580 WELLS ROAD ,SUITE 20	)	1.3 STRE	ET ADDRESS			
CITY-ST-ZIP	ORANGE PARK FL		1.4 C(TY-	SI - ZIP			
TITLE	8	L DELE	TE 2.1 TITLE			Change Addition	חנ
NAME	BHARTI B PATEL DR.		2.2 NAME				
STREET ADDRESS	1580 WELLS ROAD,STE 20			ET ADDRESS			
CITY-ST-ZIP	ORANGE PARK FL	DELE	2. 4 C(TY) TE 3.1 T(TLE		<del></del>	Change Addition	
NAME	]		3.2 NAME	į.		Change L Additio	,111
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			3.4. CITY				
TITLE		DELE				☐ Change ☐ Additio	n
NAME			4. 2 NAM	E		<u> </u>	
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY-ST-ZIP			4.4 CITY-	ST - ZIP			
TITLE		DELETE 5.1 TO				Change Additio	חו
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	T ADDRESS			
CITY-ST-ZIP			5.4 CITY -				
TITLE	1	☐ DELE				Change Additio	'n
NAME OTDECT ADDRESS			6.2 NAME				
THERET ADDRESS							

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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

6.4 CITY - ST - ZIP