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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

· '	MENT # P9300(ENTERPRISES USA, INC.	0077191 (3)					1808 JHT 1881
Principal Plac	ee of Business	Mailing Address					
1780 OAKHURST AVE WINTER PARK FL 32789		P.O. BOX 1274 WINTER PARK FL 32790 US		DO NOT WRITE IN THI S S PACE			
					3. Date Incorporated or Qualified		
2. Principal F	Place of Business	2a. Mailing Address		11/06/1993 4. FEI Number		Applied For	
21		26		59-3211168		Not Applicable	
Suite, Apt	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		5 Additional	
City & State		27 City & State				Required	
23		28		6. Election Campaign Financing Trust Fund Contribution		May Be	
Zip	Country	Zip	Counti	у	8. This corporation owes or has paid the cu		
24	25		30		Personal Property Tax due June 30.	Yes	No
	9. Name and Address of Curren	Registered Agent		.1	10. Name and Address of New Registered	Agent	
	CHEMIN, ROBERT A		8	Name			
	I S ORANGE AVE		8:	2 Street A	Address (P.O. Box Number is Not Acceptable)		
SUITE 1015 Orlando Fl 32801			8:	3			
Un	LANDO PL 32001						
			84	4 City	FL	85 Zi	p Code
agent. La SIGNATURE	m familiar with, and accept the obligation of the obligation by the state of the obligation of the state of t	dions of, Section 607.0505, Flor	rida Statuto	es.	noration's board of directors. Thereby accept the ap	-	
TITLE	D	DELETE	13.	·····	ADDITIONS/CHANGES TO OFFICERS AN	Change	
NAME	ETSCORN, RICHARD	·	1.2 NAME				
STREET ADDRESS	1760 OAKHURST		1.3 STREE	T ADDRESS			
CITY-ST-ZIP	WINTER PARK FL 32789	·	1.4 CHY-	ST-ZIP			
TITLE	D MILO DAVAD	DELFTE	21 THLE			☐ Change	e 🔲 Addition
NAME	MILLS, DAVID 617 CHATAS CT		22 NAME				
STREET ADDRESS CITY-ST-ZIP	LAKE MARY FL 32748		2.3 STREE 2. 4 CITY	T ADDRESS			
TITLE		DELFTE	3.1 1011	- OI * EIF		☐ Change	e Addition
NAME			3.2 NAME			_ •	
STREET ADDRESS			3.3 STREE	T ADDRESS			
CITY-\$T-ZIP			3.4 CITY	ST-ZIP			
TITLE		DELETE 4.1				Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP TITLE			4.4 CITY- 5.1 TITLE	S1-ZIP		Change	Addition
NAME		_ butte	5.1 TITLE 5.2 NAME			L. Change	י ביין אטטווטוו
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			5.4 CiTY-	4			
TITLE		DELETE	6 1 TITLE			Change	Addition
NAME			62 NAME				
STREET ADDRESS			63 STHEE	1 ADDRESS			

64 CITY-ST-ZIP

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 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 logal effect as if made under eath; 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 Block 12 or Block 13 if changed, own an attachment with an address