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

PROFIT CORPORATION ANNUAL REPORT

1998

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

FILED

Mar 13 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000079476 (6)

1. Corporation	R ENTERPRISES INC.	(0	,			1111 1818 1811 1818 1818 1818 1818 181
Principal Place of Business Mailing Address				- A GAMANAMA ATM AMATA MANAY	 	
245 WILDWOOD DRIVE 1093 A1A BEACH BLVD.				İ		
LOT 30 BOX 220 ST. AUGUSTINE FL 32086 ST. AUGUSTINE FL 32084				DO NOT WRITE IN THIS SPACE		
SI. AUGUSTINE PE 32000 SI. AUGUSTINE PE 32004			.		3. Date Incorporated or Qualified	
					11/12/1993	
2. Principal Place of Business 2a. Mailing Addres					4, FEI Number	Applied For
21 203 SOUTH MATANZAS 26					59-3207873	Not Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22		27				Fee Required
City & State ST AUGUSTINE, FL		City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Ζιρ	Country	Zip	Country		8. This corporation owes or has paid to	the current year Intangible
24 320	5 8 4	29 30			Personal Property Tax due June 30. 🔀 Yes 🔲 No	
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Regis	tered Agent
	novan, Elizabeth M		81	Name		
	84 CR 214		62	Street Addre	ess (P.O. Box Number is Not Acceptable)	
ST AUGUSTINE FL 32092						
			63			
			64	City		85 Zip Code
				 		FL 63 Zip Code
SIGNATURE.	Signature, typed or printed name of registered age	ntarethric#apptcable (Ni	DIE: Registered Agen			DATE
12.	OFFICERS AN	D DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFICER	RS AND DIRECTORS IN 12 Change Addition
TITLE NAME	CARTER, CHARLES	[] Ditti	1.1 TITLE 1.2 NAME		•	C CUSING C NUMBER
STREET ADDRESS	1093 A1A BEACH BLVD.			DOBECC		•
CITY-ST-ZIP	ST. AUGUSTINE FL		1.3 STREET ADDRESS 1.4 CITY-ST-ZIP			
TITLE	SI	DELETE	2.1 TITLE			☐ Change ☐ Addition
NAME	LIN COLL LONDANIE O		2.2 NAME			
STREET ADDRESS 1093 A1A BEACH BLVD			2.3 STREET A	DDRESS		
CITY-ST-ZIP	ST AUGUSTINE FL		2.4 CITY-S!			
TITLE		DELETE	3.1 TITLE			Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET A	DDRESS		
CITY-ST-ZIP			34. CITY-ST	- ZIP		
TITLE		DELETE	4.1 TITLE			Change Addition
NAME			4.2 NAME	1		
STREET ADDRESS	RESS 41		4.3 STREET A	DDAESS		
CITY+S1-ZIP			4.4 City-St	- ZIP		
TITLE			5.1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET A			•
CITY-ST-ZIP		DELETE	5.4 CITY - ST	- ZIP		Change Addition
TITLE		□ Ntrest	6.1 TITLE			LI GHAHRE LI MUNICION
NAME			6.2 NAME	1		

6.3 STREET ADDRESS

14. Thereby certify that the information supplied with this thing 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 suppliemental 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 Block 12 or Block 13 if changed, or on an attachment with an address