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**

DOCUMENT # P93000081985 1. Corporation Name

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90001 025 ***150.00

	ENTERPRISES, INC.					
Principal Plac	e of Business	Mailing Address		() Billiadi wa saida kitti dayit dayit agiti agiti	4141 17E74 18191 19	
349 N. ORLANI COCOA BEACH	DO AVE.	349 N. ORLANDO AVE. COCOA BEACH FL 32931		DO NOT WRITE IN THIS	SPACE	
				Date Incorporated or Qualifed 11/22/1993		
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	\	ied For
21		26		59-3214092		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Ad Fee Requ	
City & Star	te ,	City & State	<u></u>	6. Election Campaign Financing Trust Fund Contribution	\$5:00 M Added to	
Zip	Country	Zip	Country	8. This corporation owes the current year Inta	angible]No
24	25	29 30		Personal Property Tax. 10. Name and Address of New Registered A		
_	9. Name and Address of Curren	it Registered Agent	81 Name	10. Name and Address of New Registered A	-gent	<u> </u>
	ONOHUE, JONICE			dress (P.O. Box Number is Not Acceptable)		
	N. ORLANDO AVE.		oz olieer Add	The state of the s		
COL	COA BEACH FL 32931		83	· ·		
			84 City		85 Zip Co	nde
			"""	FL	'	
office of agent. I a	registered agent, or both, in the State am familiar with, and accept the obliga		the above-named corporat	poration submits this statement for the purpose of tion's board of directors. I hereby accept the appoin	changing its re	agistered
	registered agent, or both, in the State am familiar with, and accept the obliga Signature, typed or printed name of registered agen	of Florida, Such change was auticitions of, Section 607.0505, Florida	the above-named corporated by the corporat Statutes.	red when reinstating) DATE	changing its re timent as regi	egistered stered
office of agent. I a	registered agent, or both, in the State am familiar with, and accept the obliga Signature, typed or printed name of registered agen OFFICERS AN	of Florida. Such change was admittions of, Section 607.0505, Florida Int and title if applicable. (NOTE: Reg ID DIRECTORS	the above-named corporated by the corporated Statutes.	alon's board of directors. Thereby accept the appear	changing its retinent as regine	egistered stered
office of agent. I a	registered agent, or both, in the State am familiar with, and accept the obliga Signature, typed or printed name of registered ager OFFICERS AN President	of Florida, Such change was auticitions of, Section 607.0505, Florida	the above-named corporate by the corporate is Statutes. gistered Agent signature requirements. 1.1 TITLE	red when reinstating) DATE	changing its re timent as regi	egistered stered
office of agent. I a SIGNATURE	registered agent, or both, in the State am familiar with, and accept the obliga Signature, typed or printed name of registered agen OFFICERS AN O'DONOHUE, JONICE	of Florida. Such change was admittions of, Section 607.0505, Florida Int and title if applicable. (NOTE: Reg ID DIRECTORS	the above-named corporate of Statutes. statutes. 13. 1.1 TITLE 1.2 NAME	red when reinstating) DATE	changing its retinent as regine	egistered stered
office of agent. I a signature 12. TITLE NAME STREET ADDRESS	registered agent, or both, in the State am familiar with, and accept the obligation of the state agent of th	of Fiorda. Such change was admit tions of, Section 607.0505, Florida nt and title if applicable. (NOTE: Reg ID DIRECTORS	the above-named corporate of Statutes. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	red when reinstating) DATE	changing its retinent as regine	egistered stered
office of agent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the State arm familiar with, and accept the obligation of the state agent of t	of Fiorda. Such change was admittions of, Section 607.0505, Florida Int and title if applicable. (NOTE: Reg ID DIRECTORS	the above-named corporate of Statutes. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY- ST-ZIP	red when reinstating) DATE	changing its retinent as regine	egistered stered
office of agent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	registered agent, or both, in the State am familiar with, and accept the obligation of the state agent of th	of Fiorda. Such change was admit tions of, Section 607.0505, Florida nt and title if applicable. (NOTE: Reg ID DIRECTORS	the above-named corporate of Statutes. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	red when reinstating) DATE	changing its retitment as region	egistered stered
office of agent. I a signature 12. TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME	Signature, typed or printed name of registered ager OFFICERS AN OFFICERS AN O'DONOHUE, JONICE P.O. BOX 321464 COCOA BEACH FL 32932-146	of Fiorda. Such change was admittions of, Section 607.0505, Florida Int and title if applicable. (NOTE: Reg ID DIRECTORS	the above-named corporate of Statutes. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	red when reinstating) DATE	changing its retitment as region	egistered stered
office of agent. I a signature 12. TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered ager OFFICERS AN OFFICERS AN O'DONOHUE, JONICE P.O. BOX 321464 COCOA BEACH FL 32932-146	of Fiorda. Such change was admittions of, Section 607.0505, Florida Int and title if applicable. (NOTE: Reg ID DIRECTORS	the above-named corporate of Statutes. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	red when reinstating) DATE	changing its retitment as region	egistered stered
office of agent. I a signature 12. TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME STREET ADDRESS CITY- ST- ZIP	Signature, typed or printed name of registered ager OFFICERS AN OFFICERS AN O'DONOHUE, JONICE P.O. BOX 321464 COCOA BEACH FL 32932-146	of Fiorda. Such change was admittions of, Section 607.0505, Florida Int and title if applicable. (NOTE: Reg ID DIRECTORS	the above-named corporate of Statutes. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	changing its retitment as region	egistered stered stered S IN 12 Addition
office of agent. I a signature 12. TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered ager OFFICERS AN OFFICERS AN O'DONOHUE, JONICE P.O. BOX 321464 COCOA BEACH FL 32932-146	of Fiorida, Such change was admittions of, Section 607.0505, Florida int and title if applicable. (NOTE: Reg ID DIRECTORS DELETE DELETE	the above-named corporate of Statutes. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	changing its retitment as regis	egistered stered stered S IN 12 Addition
office of agent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE	Stgnature, typed or printed name of registered ager OFFICERS AN OFFICERS AN O'DONOHUE, JONICE P.O. BOX 321464 N/A COCOA BEACH FL 32932-146	of Fiorida, Such change was admittions of, Section 607.0505, Florida int and title if applicable. (NOTE: Reg ID DIRECTORS DELETE DELETE	the above-named corporate of Statutes. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	changing its retitment as regis	egistered stered stered S IN 12 Addition
office of agent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME	Stgnature, typed or printed name of registered ager OFFICERS AN OFFICERS AN O'DONOHUE, JONICE P.O. BOX 321464 N/A COCOA BEACH FL 32932-146	of Fiorida, Such change was admittions of, Section 607.0505, Florida int and title if applicable. (NOTE: Reg ID DIRECTORS DELETE DELETE	the above-named corporate of Statutes. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	changing its returnent as register the change D DIRECTOR Change	sgistered stered SIN 12 Addition Addition
office of agent. I a signature 12. TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS	Stgnature, typed or printed name of registered ager OFFICERS AN OFFICERS AN O'DONOHUE, JONICE P.O. BOX 321464 N/A COCOA BEACH FL 32932-146	of Fiorida, Such change was admittions of, Section 607.0505, Florida int and title if applicable. (NOTE: Reg ID DIRECTORS DELETE DELETE	the above-named corporated by the corporate Statutes. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY. ST. ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.3 STREET ADDRESS	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	changing its retitment as regis	egistered stered stered S IN 12 Addition
office of agent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP	Stgnature, typed or printed name of registered ager OFFICERS AN OFFICERS AN O'DONOHUE, JONICE P.O. BOX 321464 N/A COCOA BEACH FL 32932-146	of Fiorida, Such change was additions of, Section 607,0505, Florida int and title if applicable. (NOTE: Reg ID DIRECTORS DELETE DELETE	the above-named corporated by the corporate Statutes. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	changing its returnent as register the change D DIRECTOR Change	sgistered stered SIN 12 Addition Addition
office of agent. I a gent. I a gent. I a gent. I a signature 12. TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE STREET ADDRESS CITY- ST- ZIP TITLE	registered agent, or both, in the State arm familiar with, and accept the obliga Signature, typed or printed name of registered agen OFFICERS AN O'DONOHUE, JONICE P.O. BOX 321464 N/A COCOA BEACH FL 32932-146	of Fiorida, Such change was additions of, Section 607,0505, Florida int and title if applicable. (NOTE: Reg ID DIRECTORS DELETE DELETE	the above-named corporated by the corporate of the corpor	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	changing its returnent as register the change D DIRECTOR Change	sgistered stered SIN 12 Addition Addition
office of agent. I a gent. I a gent. I a gent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME	registered agent, or both, in the State arm familiar with, and accept the obliga Signature, typed or printed name of registered agen OFFICERS AN O'DONOHUE, JONICE P.O. BOX 321464 N/A COCOA BEACH FL 32932-146	of Fiorida. Such change was additions of, Section 607.0505, Florida int and title if applicable. (NOTE: Reg ID DIRECTORS DELETE DELETE DELETE	the above-named corporated by the corporate Statutes. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	changing its retitment as register the change DDIRECTOR Change Change Change	egistered S IN 12 Addition Addition
office of agent. I a gent.	registered agent, or both, in the State arm familiar with, and accept the obliga Signature, typed or printed name of registered agen OFFICERS AN O'DONOHUE, JONICE P.O. BOX 321464 N/A COCOA BEACH FL 32932-146	of Fiorida, Such change was additions of, Section 607,0505, Florida int and title if applicable. (NOTE: Reg ID DIRECTORS DELETE DELETE	the above-named corporated by the corporate Statutes. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	changing its returnent as register the change D DIRECTOR Change	sgistered stered SIN 12 Addition Addition
office of agent. I a gent. I a gent. I a gent. I a gent. I a significant of the street address city-st-zip title name street address city-st-zip	registered agent, or both, in the State arm familiar with, and accept the obliga Signature, typed or printed name of registered agen OFFICERS AN O'DONOHUE, JONICE P.O. BOX 321464 N/A COCOA BEACH FL 32932-146	of Fiorida. Such change was additions of, Section 607.0505, Florida int and title if applicable. (NOTE: Reg ID DIRECTORS DELETE DELETE DELETE	the above-named corporated by the corporate Statutes. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	changing its retitment as register the change DDIRECTOR Change Change Change	egistered S IN 12 Addition Addition

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 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, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

DELETE

Change

☐ Addition