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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED May 07, 1999 8:00 am State PORATIONS FILED May 07, 1999 8:00 am Secretary of State

	1999	WE THE	DIVISION OF CO	MEONA	TIONS	05.05.1000.00050	001 ***150	7.5
DOCUI	MENT # P9300	800	3747			05-07-1999 90072	: 001 ***158	./5
G. Fami	LY ENTERPRISE, INCOR	PORATE	D					
						(1921)941 HE 1818 HILL SENT SENT SENT SENT	35 8010 5 (868 8 866) (8	1 61 1 1116 (1 16 1 16)
Principal Place	o of Business		ailing Address				 	B## B#B## #BB# #BB#
•			O. BOX 694351			}		·
5901 NW 151ST ST P. O. BOX 694351 STE 210 NORTH MIAMI FL 33161								
MIAMI LAKES FL 33014 US US						DO NOT WRITE IN	THIS SPACE	
03						3. Date Incorporated or Qualifed 12/01/1993		
2. Principal P.	Place of Business	2a.	Mailing Address			4. FEI Number		Applied For
21		26				65-0454334		Not Applicable
Suite, Apt.	·)—-				5. Certifcate of Status Desired		\$8.75 Additional	
2	<u> </u>	27						Required
City & Stat	ty & State City & State					6. Election Campaign Financing Trust Fund Contribution		0 May Be d to Fees
Zip	Country Zip			Count	try	This corporation owes the current year.		<u> </u>
4	25	25 29 30				Personal Property Tax.		D Y No
	9. Name and Address of Cur	rent Regis	tered Agent		11 Name	10. Name and Address of New Regis	tered Agent	
1743	Drge, Charles W 3 NW 193RD St. MI FL 33056				Street A	ddress (P.O. Box Number is Not Acceptable)		
				8	4 City		FL 85 Z	p Code
office or re	to the provisions of Sections 607.0 registered agent, or both, in the Sta m familiar with, and accept the ob	ate of Florid	ia. Such change was auth	orized b	by the corpor.	orporation submits this statement for the purp- ation's board of directors. I hereby accept the	ose of changing appointment as	its registered registered
SIGNATURE	Signature, typed or printed name of registered	ed to topo	d applicable (N/ITE: Re	wistored Ar	sent signature reg	guired when reinstating) D/	ATE	
12.	OFFICERS	<u> </u>		13.	gent signature req	ADDITIONS/CHANGES TO OFFICE		TORS IN 12
LULTE	P		DELETE	1.1 TITLE			Chang	e Addition
VAME	GEORGE, CHARLES			1.2 NAMI	E			
THEE I ADDRESS	1743 NW 193RD ST				EET ADDRESS			
ST-ZIP	MIAMI FL		☐ DELETE	1.4 CITY- 2.1 TITLE			(Chang	e Addition
			C) percir	2.2 NAMI			C) Grang	
	 			1	ET ADDRESS			
ST-ZIP				2. 4 CITY	- {			
-	 		☐ DELETE	3.1 TITLE			☐ Chang	e
- }				3.2 NAMI	E \			
) ADDRESS				3.3 STRE	ET ADDRESS			
ST-ZIP			[] Del Exe	34. CITY			Chang	e [] Addition
			☐ DELETE	4.1 TITLE	- ([] chang	e Cl Andigou
- *******				4, 2 NAM	EET ADDRESS			
raddress et zip				4.4 CITY	- (
~·-~"	 		/ □ DELETE	5.1 TITLE			Chang	e [] Addition

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 configuration 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 chapted of on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

INATURE:

ST-ZIP

1 ATT GES

W JUST Charles W. George

☐ DELETE

April 12, 1999

305-822-0750

Daytime Phone #

Change

Addition