FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1996

SIGNATURE: Theliam



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P93000086063 (3)

1, Corporation	ENTERPRISES, INC.	•			
Principal Place	of Business	Malling Address			IN MOUNT ON ON THE STATE OF THE ORIGINAL STATES OF STATE
390 SE 13TH AVENUE POMPANO BEACH FL 33060-7616		390 SE 13TH AVENUE POMPANO BEACH FL 33080-7616			
				 Date Incorporated or Qualified 12/13/1993 	3a. Date of Last Report 04/04/1995
2. Principal Pla	ce of Business	2a, Mailing Address		4, FEI Number	Applied For
21		26		65-0463296	Not Applicable
Suite, Apt. #	t, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28	Country	Trust Fund Contribution	Added to Fees
Zip 24	Country 25	Zip 29	30	8. This corporation has liability for i	No
241	9. Name and Address of Curre		100	10. Name and Address of New R	_
			81 Name		
WHITMAN, WILLIAM W 82 Street Address				ess (P.O. Box Number is Not Acceptab	le)
390 SE 13TH AVENUE				· · · · · · · · · · · · · · · · · · ·	
POMP#	NO BEACH FL 33060-7616		83		
			84 City		85 Zip Code
		1.503.4500 EL O. L.		ation submits this statement for the pur	FL
or registere familiar with	of the provisions of Sections 607.050 agent, or both, in the State of Florh, and accept the obligations of, Sec	2 and 607,1508, Florida Statul ida. Such change was authoriz tion 607.0505, Florida Statutes	tes, the ability-harmed corporated by the jurporation's boars.	d of directors. I hereby accept the appo	pose of changing its registered office pintment as registered agent. I am
SIGNATURE _	Signature, typed or printed name of registered ager	and a No. 54 and Davids	DTE: Registered Agent signature required	Juken znach tra 2	DATE
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	
TITLE	PTD	☐ DELETE	1.11 LE		☐ Change ☐ Addition
NAME	WHITMAN, KAREN A		. 1.2 N ME		
STREET ADDRESS	390 SE 13TH AVENAUE		1.3 S REET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL 330	60-7616	1.4 CITY - ST - ZIP		
TITLE	VSD	☐ DELETE	2. 1 TITLE		Change Addition
NAME	WHITMAN, WILLIAM W		2.2 NAME		
STREET ADDRESS	390 SE 13TH AVENAUE	AA 744A	2.3 STREET ADDRESS		-
CITY-ST-ZIP	POMPANO BEACH FL 330	DELETE	2.4 CITY - \$T - ZIP 3. 1 TITLE		☐ Change ☐ Addition
TITLE NAME		□ occen	3.1 TITLE 3.2 NAME		Cl Anonito Cl Manipul
NAME STREET ADDRESS			3.3. STREET ADDRESS		
CITY-ST-ZIP			3.4 City - ST - ZIP		
TITLE		DELETE	4. 1 TiTLE		Change Addition
NAME			4 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP	<u> </u>		4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	5. 1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - ST - ZIP 6. 1 TITLE		Change Addition
NAME		- verest	6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-S1-ZIP			6.4 CITY-ST-ZIP		
14 Ldo hereh	y certify that the information supplied	I with this filing is voluntarily fur	nished and does not qualify to	or the exemption stated in Section 119	.07(3)(k), Florida Statutes. I further
l oath that	the information indicated on this and I am an officer or director of the corp a Block 12 or Block 13 if changed, or	coration or the receiver or trust	ee empowered to execute this dress.	te and that my signature shall have the s report as required by Chapter 607, Fl	orida Statutes; and that my name

3/15/96 Date