

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

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1997 JUN 26 11 8: 27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # 994000007321**  
1. Corporation Name  
**GROUP 22 ENTERPRISES, INC.**

Principal Place of Business      Mailing Address  
**1253 University Drive Suite #267 Coral Springs, FL 33071**      **1253 University Drive Suite #267 Coral Springs, FL 33071**

2. Principal Place of Business      2a. Mailing Address  
21 Suite, Apt. #, etc.      26 Suite, Apt. #, etc.  
22 City & State      27 City & State  
23 Zip      Country      28 Zip      Country

3. Date Incorporated or Qualified: **01/28/94**      3a. Date of Last Report: **04/26/96**  
4. FEI Number: **65-0560070**      Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**Bonnie S. Satterfield**  
**3360 Greenview Terrace East**  
**Margate, FL 33063**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City      FL      85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporal on submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (Signature, typed or printed name of registered agent and title if applicable)      (NOTE: Registered Agent's signature required when re-stating)      DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

|                |   |
|----------------|---|
| TITLE          | <b>President &amp; Treasurer</b> <input type="checkbox"/> DELETE    |
| NAME           | <b>Bonnie S. Satterfield</b>  |
| STREET ADDRESS | <b>1253 University Drive, Suite 267</b>                             |
| CITY- ST- ZIP  | <b>Coral Springs, FL 33071</b>                                      |
| TITLE          | <b>V. President &amp; Secretary</b> <input type="checkbox"/> DELETE |
| NAME           | <b>Bonnie S. Satterfield</b>  |
| STREET ADDRESS | <b>1253 University Drive, Suite 267</b>                             |
| CITY- ST- ZIP  | <b>Coral Springs, FL 33071</b>                                      |
| TITLE          | <b>Director</b> <input type="checkbox"/> DELETE                     |
| NAME           | <b>Bonnie S. Satterfield</b>  |
| STREET ADDRESS | <b>1253 University Drive, Suite 267</b>                             |
| CITY- ST- ZIP  | <b>Coral Springs, FL 33071</b>                                      |
| TITLE          | <input type="checkbox"/> DELETE                                     |
| NAME           |   |
| STREET ADDRESS |   |
| CITY- ST- ZIP  |   |
| TITLE          | <input type="checkbox"/> DELETE                                     |
| NAME           |   |
| STREET ADDRESS |   |
| CITY- ST- ZIP  |   |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                   |   |
|-------------------|---|
| 11 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME           |   |
| 13 STREET ADDRESS | <b>700002230187--6</b>  |
| 14 CITY- ST- ZIP  | <b>-07/03/97--01087--002</b>                                      |
| 21 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME           | <b>****200.00 ****200.00</b>                                      |
| 23 STREET ADDRESS |   |
| 24 CITY- ST- ZIP  |   |
| 31 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME           |   |
| 33 STREET ADDRESS |   |
| 34 CITY- ST- ZIP  |   |
| 41 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME           |   |
| 43 STREET ADDRESS |   |
| 44 CITY- ST- ZIP  |   |
| 51 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME           |   |
| 53 STREET ADDRESS |   |
| 54 CITY- ST- ZIP  |   |
| 61 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME           |   |
| 63 STREET ADDRESS |   |
| 64 CITY- ST- ZIP  |   |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Sect on 119.07(3)(c), 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 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.

SIGNATURE: *Bonnie S. Satterfield*      SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date: \_\_\_\_\_      Expiration Date: \_\_\_\_\_

CRE034 (9/96)