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FILED
May 05 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **P94000007321 (0)**

1. Corporation Name

GROUP 22 ENTERPRISES, INC.

Principal Place of Business

**1253 UNIVERSITY DR
SUITE 267
CORAL SPRINGS FL 33071
US**

Mailing Address

**1253 UNIVERSITY DR
SUITE 267
CORAL SPRINGS FL 33071
US**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/28/1994

4. FEI Number

65-0580070

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 **7667 West Sample Road**

Suite, Apt. #, etc.

22 **Suite 164**

City & State

23 **Coral Springs, FL**

Zip

24 **33065**

Country

25 **USA**

2a. Mailing Address

26 **7667 West Sample Road**

Suite, Apt. #, etc.

27 **Suite 164**

City & State

28 **Coral Springs, FL**

Zip

29 **33065**

Country

30 **USA**

9. Name and Address of Current Registered Agent

**SATTERFIELD, BONNIE S
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 corporation 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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PVST** ☐ DELETE

NAME **SATTERFIELD, BONNIE S**
STREET ADDRESS **1253 UNIVERSITY DRIVE., STE 267**
CITY-ST-ZIP **CORAL SPRINGS FL 33071**

TITLE **D** ☐ DELETE

NAME **SATTERFIELD, BONNIE S**
STREET ADDRESS **1253 UNIVERSITY DRIVE., STE 267**
CITY-ST-ZIP **CORAL SPRINGS FL 33071**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PVST** ☒ Change ☐ Addition

1.2 NAME **Satterfield, Bonnie S.**
1.3 STREET ADDRESS **7667 West Sample Road, Ste 164**
1.4 CITY-ST-ZIP **Coral Springs, FL 33065**

2.1 TITLE **D** ☒ Change ☐ Addition

2.2 NAME **Satterfield, Bonnie S.**
2.3 STREET ADDRESS **7667 West Sample Road, Ste 164**
2.4 CITY-ST-ZIP **Coral Springs, FL 33065**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 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 the attachment with an address.

SIGNATURE *Bonnie S. Satterfield*

Bonnie S. Satterfield

(954) 527-2465

CR2E034 (10/97)