## 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 # P94000014143

## FILED Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90026 006 \*\*\*150.00

1. Corporation							•				
JHN: ENT	TERPRISE	ES, INC.									
								L HERMERIA ING KRIAN KARIN GRANA GRANA GRANA GRANA GRANA GRANA			il <b>eleja</b> läli ä <b>es</b> i
Principal Place	e of Busines	s	N	Mailing Address	_				, .,		
1716 ANGLERS	CT			716 ANGLERS CT							
SAFETY HARBOR FL 34695 US US							DO NOT WRITE IN THIS SPACE				
U\$			U	8				3. Date Incorporated or Qualifed			
:								02/21/1994			
2. Principal Place of Business 2a. Mailing Address					-			4. FEI Number		TTA	Applied For
21	<u> </u>			26				1			Not Applicable
Suite, Apt.	#. etc.		20	Suite, Apt. #, etc.	_				9	8.75	Additional
22			27	]				5. Certifcate of Status Desired		Fee F	Required
City & State	e <del>-=-</del> -			-City & State				6. Election Campaign Financing		\$5:00	May Be
23			28	ļ 	<u>.                                      </u>			Trust Fund Contribution		Added	to Fees
Zip		Country		Zip	Coun	try		8. This corporation owes the current year			
24	_	25	29		30			Personal Property Tax.		Yes	□No
	9. Name	and Address of Curren	t Regi	istered Agent		- 4		10. Name and Address of New Registere	d Age	nt	
MOI	II AND IO	1161 11			];	81	Name				į
	HLAND, JO				1	32	Street Addres	ss (P.O. Box Number is Not Acceptable)			
	ANGLERS									<del></del>	
SAF	EIT HAND	OR FL 34695			1	B3					
					ļ.	B4	City	F	. 8	5 Zip	Code
		<del></del>							_		imintaged
office or r	adjetered an	ent or both in the State (	of Flor	rida. Such change was a	uthorized	hv th	named corporation	ration submits this statement for the purpose is board of directors. I hereby accept the app	ointm	ent as i	registered
agent. I a	m familiar w	ith, and accept the obligat	tions o	of, Section 607.0505, Flo	orida Statut	es.	•				,
SIGNATURE											
'	Signature, typed							.tit-ti) DATE			
12		or printed name of registered agen	_			gent s	signature required v	when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS	AND D	IRECT	ORS IN 12
12.		or printed name of registered agen OFFICERS AN	_		13.		signature required	when reinstating)  ADDITIONS/CHANGES TO OFFICERS		DIRECT Change	
TITLE	D	OFFICERS AN	_	RECTORS	13. 1.1 TML	£	signature required				
TITLE NAME	D NIGHLAN	officers an	_	RECTORS	13. 1.1 T/II. 1.2 NAM	£					
TITLE NAME STREET ADDRESS	D NIGHLAN 1716 AN	OFFICERS AN ID, JOHN H GLERS CT	_	RECTORS	13. 1.1 TITL 12 NAM 1.3 STR	£ IÈ EET A	ADDRESS				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D NIGHLAN 1716 AN SAFETY D NIGHLAN 1716 AN	OFFICERS AN ID, JOHN H GLERS CT HARBOR FL ID, KATHLEEN A GLERS CT	_	RECTORS  DELETE	13. 1.1 TITL 12 NAA 1.3 STR 1.4 CIT 2.1 TITL 2.2 NAA	E EET A (-ST-) E AE	NODRESS ZIP			Change	Addition
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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 an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/99 813-814-1269

CR2E034 (11/98)