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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Secretary of State

## DOCUMENT # P94000016401

Principal Place of Business	
26 NE 15TH ST	2
HOMESTEAD FL 33030	Н
us	u

Katherine Harris

DIVISION OF CORPORATIONS

## **FILED** Mar 09, 1999 8:00 am Secretary of State

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ENCHAN	ITABLES,	INC.											
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Principal Place of Business  26 NE 15TH ST  HOMESTEAD FL 33030  US  Mailing Address  26 NE 15TH ST  HOMESTEAD FL 33030  US									DO NOT WRITE IN THIS SPACE				
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									03/02/1994				ı
2. Principal P	lace of Busin	iess	2a.	2a. Mailing Address					4. FEI Number		<b>→</b>	plied For	
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Suite, Apt.	#, etc.	<del></del>						5Certificate of Status Desired-	-D-=	\$8.75 / Fee Re		<u></u>	
City & Stat	e			City & State				6. Election Campaign Financing		\$5.00	May Be	i	
23			28	<b>⊢</b> •					Trust Fund Contribution	<u> </u>	Added 1	to Fees	
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	3. Haile	and Address O	Content region	icica Again		81	Nam	e				"	
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MIAN	WI FL 3313:	3				84	City				85 Zip	Code	ĺ
										<u>FL</u>	<u> </u>		l
l office or r	registered ag	ions of Sections ent, or both, in th ith, and accept th	ne State of Florid	la. Such chan	de was auth	nonzed by	the co	ed corpo rporation	ration submits this statement for the o's board of directors. I hereby accept	purpose or o t the appoin	nanging its tment as re	gistered	
SIGNATURE		or printed name of regi	stored agent and tills it	( naniinahla	/NOTE: P/	nietered Ana	nt evanehu	e required	when reinstating)	DATE			١,
12.	Signature, typed		ERS AND DIRE	-	(NOTE: N	13.	Digitate		ADDITIONS/CHANGES TO OF	FICERS AND	DIRECTO	RS IN 12	3
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6.4 CITY-ST-ZIP 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 an attaching the manual report is true and accurate and that my name appears in Block 12 or Block 13 if changed, or on attaching the manual report is true and accurate and that my name appears in Block 12 or Block 13 if changed, or on attaching the manual report is true and accurate and that my name appears in Block 12 or Block 13 if changed, or on an attaching the manual report is true and accurate and that my name appears in Block 12 or Block 13 if changed, or on a state of the manual report is true and accurate and that my name appears in Block 12 or Block 13 if changed, or on a state of the manual report is true and accurate and that my name appears in Block 12 or Block 13 if changed, or on a state of the manual report is true and accurate and that my name appears in Block 12 or Block 13 if changed, or on a state of the manual report is true and accurate and that my name appears in Block 12 or Block 13 if changed, or on a state of the manual report is true and accurate and that my name appears in the manual report is true and accurate and accurate and accurate and accurate and accurate and accurate and

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