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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 22 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9400033514 (8)

FINANCIAL ENTERPRISES, INC.

Principal Place of Business Mailing Address					- I SEDERBOC RIG LUICE DIDIL DURIN DURIN BURIN DURI	YN ANYDD HYDDY DYNDL YND	JUE BUBL FORE
2555 ENTERPRISE ROAD 2555 ENTERPRISE RD							
SUITE 9-1 CLEARWATER FL 34623-1150 CLEARWATER FL 34623-1150					56 467 46775 117		
					DO NOT WRITE IN TH	HIS SPACE	
08		U\$			3, Date Incorporated or Qualified		
2. Principal Place of Business 2a. Mailing Address					05/04/1994 4. Fet Number	1 100	nolled En
21 26					59-3240904	h — + — -	oplied For ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.							Additional
2 501TE 9-1 27					5. Certificate of Status Desired	Fee Re	
City & State City & State					6. Election Campaign Financing	\$5.00	May Be
28					Trust Fund Contribution	Added t	
			Country		8. This corporation owes or has paid the	current year Int	angible
24 33 763-15025 29 33 763-15000 a. Name and Address of Current Registered Agent			0		Personal Property Tax due June 30.		No
		nt Registered Agent	81	Mana	10, Name and Address of New Register	ed Agent	
SOROTA, JOSEPH J JR.				Name			
28100 US HWY 19 N SUITE 504 CLEARWATER FL 34821 3376/			82	Street Addr	ress (P.O. Box Number is Not Acceptable)		
			83				
							ĺ
			84	City		85 Zip (	Code
11. Pursuani t	o the provisions of Sections 607.05	02 and 607.1508. Florida Statutes	the above-	named corn	poration submits this statement for the nurnes	o of changing its	e registered
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 rogistered ag	ent and title if applicable (NOTE 8	legistered Agent	signatura requir	red when reinstating) DAT	E .	
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTOR	IS IN 12
TITLE	SOROTA, DONALD M		1.1 TITLE			☐ Change	Addition
NAME			1.2 NAME				
STREET ADDRESS	2555 ENTERPRISE RD, SUIT	E 9-1	1.3 STREET A	DDRESS			li li
CITY-ST-ZIP	CLEARWATER FL 337	763	1.4 CITY-ST-	ZIP			
TITLE	22		2.1 TITLE 2.2 NAME			☐ Change	Addition 4
NAME							
STREET ADDRESS			2.3 STREET AL	1			
CITY-ST-ZIP TITLE				- ZIP		Character	T totalica -
NAME			3.1 TITLE		•	Change	☐ Addition
STREET ADDRESS			3.2 NAME 3.3 STREET AL	DOBLES			
CITY-ST-ZIP			3.4 CITY-ST-				
TITLE		DELETE	4.1 TITLE	· ziř		Change	Addition
NAME			4. 2 NAME			Onungo	
STREET ADDRESS			4.3 STREET AS	DORESS			
CITY-ST-ZIP			4.4 CITY - ST -				
TITLE			5.1 TITLE			☐ Change	Addition
NAME			5.2 NAME	ĺ		•	
STREET ADDRESS			5 3 STREET AD	DDRESS			
CITY-ST-ZIP			54 CITY-ST-				
TITLE		DELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAME			-	
STREET ADDRESS			6.3 STREET AL	odress			
CITY-ST-ZIP			6.4 C(TY - ST	ZIP			1

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 13 if changed, or on an attachment with an address.