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

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90306 036 ***150.00

co.po.duc	MENT # P9400(ENTERPRISES, INC.	0047570				
Principal Plac	e of Business	Mailing Address		I (BBU)BBU 310 18114 BYAYI BBUIL 88111 B	,0110 4100 16001 4110	(68 11 68 11 1881
8830 U.S. HWY. 19 PORT RICHEY FL 34668 8830 U.S. HWY. 19 PORT RICHEY FL 34668			•	DO NOT WRITE IN T	HIS SDACE	
	•			3. Date Incorporated or Qualifed	IIIO OFACE	
				06/20/1994		
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Ap	plied For
21 Suita Ant	# ata	26	-	59-3312937		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 A	
City & State City & State			6. Election Campaign Financing	\$5.00		
23		28		Trust Fund Contribution	Added to	
Zip	Country	Zip	Country	8. This corporation owes the current year		
24	25	29	30	Personal Property Tax.		⊠No
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Register	red Agent	
KURTZ, JOYCE I 8830 U.S. HWY. 19 PORT RICHEY FL 34668			81 Name 82 Street Add	ress (P.O. Box Number is Not Acceptable)	<u> </u>	
			84 City		85 Zip C	Code
office or r	to the provisions of Sections out, see egistered agent, or both, in the State in familiar with, and accept the oblig Signature, typed or printed name of registered ag	e of Florida. Such change was au ations of, Section 607.0505, Flor	thorized by the corporati		opointment as req	gistered
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS		
TITLE	D KURTZ IOVOCI	D DELETE	1,1 TDLE		Change	Addition
NAME	Kurtz, Joyce I 8830 U.S. Hwy. 19		1.2 NAME			
STREET ADDRESS	PORT RICHEY FL 34668		1.3 STREET ADDRESS			
CITY-ST-ZIP TITLE	FORT NICHET PL 34006	☐ DELETE	1.4 CITY-ST-ZIP		Choose	Addition
NAME			2.1 TITLE		Change	
STREET ADDRESS			2.2 NAME 2.3 STREET ADDRESS			
CITY-ST-ZIP	A Company of the Company	معادية ما	2.4 CITY-ST-ZIP	رابع بالشوي شواح		
TITLE ,		☐ DELETE	3.1 TITLE		☐ Change	Addition
NAME :			3.2 NAME		_ ,	_
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		☐ Change	Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP	<u> </u>		4.4 CITY-ST-ZIP			
πηE		☐ DELETE	5.1 TITLE		☐ Change	Addition
NAME	•		5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP		☐ DELETE	6.1 TITLE			
TITLE	•	CT DECEIG	6.2 NAME		Change	☐ Addition
NAME STREET ADDRESS	18 T. J. S. F. F.		6.3 STREET ADDRESS			
CITY_ST_7ID	•		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 or an attachment with an address, with all other like empowered.

SIGNATURE:

121-849-2344