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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P940
1. Corporation Name
FLATLINE ENTERPRISES, INC. P94000053919 (4)

FILED Apr 09 1998 8:00am Secretary of State

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Principal Plac	e of Business	Mailing	Mailing Address					- 1 redbriette arte ferari detter detter detter derter derter derret retre retre arter (das	
1415 BRETOR	N LANE	1415 BI	1415 BRETON LANE						
PT ST LUCIE	FL 34952		PT ST LUCIE FL 34952						
U\$			US	U\$					DO NOT WRITE IN THIS SPACE
									3. Date Incorporated or Qualified 07/18/1994
2. Principal P	Place of Busine	2a. Maili	2a. Mailing Address					4. FEI Number Applied For	
21		26	26					65-0522629 Not Applicable	
Suite, Apt.	#, etc	Suite	Suite, Apt. #, etc.					5. Certificate of Status Desired S8.75 Additional	
22		27	27					Fee Required	
City & Stat	te	City	City & State					Election Campaign Financing \$5.00 May Be	
23			28	28					Trust Fund Contribution
Zip	Country		Zip	7ip Cou			,		8. This corporation owes or has paid the current year Intangible
24	25		29	30					Personal Property Tax due June 30. Yes No
	9. Name r	and Address of Curre	nt Registered	Agent					10. Name and Address of New Registered Agent
VA	NASSCHE, (CHARLES				81	Name	9	
	15 BRETON						N -1-1	40. 60.0	
	ST LUCIE F					Stree	(Addre	ddress (P.O. Box Number is Not Acceptable)	
• •	0. 200.2 .	C 0100C				83			
							L		
						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									
Old William	Signature, typed o	or printed name of registered ag	ent and title it applic	able (NO	T£: Register	ed Age	ant signatu	re required	ad when reinstating) DATE
12.		OFFICERS AN	ID DIRECTORS		13.				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PTS			☐ DELETE	1.1.1	ITLE			☐ Change ☐ Addition
NAME		CHE, CHARLES R		1.2 NA					
STREET ADDRESS 1415 BRENTON LANE				1.3 STREET ADDRESS			ADDRESS		
CITY-ST-ZIP	PTSTLU	JCIE FL 34952			1.40	CITY-S	ST-ZIP		
TITLE	<u> </u>		· · · · · · · · · · · · · · · · · · ·	DELETE	2.1 T			1	Change Addition
NAME	1				221	IAME			•
STREET ADDRESS	ľ						ADDRESS	!	
CITY-ST-ZIP	1				1		ST-ZIP	1	
TITLE				DELETE	317		31-2#	+	Change Addition
NAME					1	IAME		1	
]	
STREET ADDRESS	1				. E		ADDRESS		
CITY-ST-ZIP	-			Deverse			ST-ZIP	 	
TITLE				☐ DELETE	4.1 1			1	Change Addition
NAME					4.2	NAME		1	
STREET ADDRESS					4.3 9	TREET	ADDRESS	-	
CITY-ST-ZIP	l				4.4 0	CITY-S	ST-ZIP		
TITLE	1	•		☐ DELETE	5.1 T	ITLE			Change Addition
NAME	1				5.2 N	IAME			
STREET ADDRESS					5.3 9	TREET	ADORESS		
CITY-ST-ZIP					540	OITY-S	ST-ZIP	1	
TITLE	 			DELETE	6.1 T			1	☐ Change ☐ Addition
NAME				•	1	IAME			
STREET ADDRESS					1		ADDRESS		
	1								
CITY-ST-ZIP	1				■ b.4 C	417 - S	ST-ZIP	1	

14. Thereby certify that the information supplied with this filling 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 changest, or on a large ment with an address.

SIGNATURE: