FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

DIVISION OF CORPORATIONS

	JMENT # P940 / ENTERPRISES, INC. pe of Business	Mailing Address			
8879 W. COLONIAL DR 8879 W. COLONIAL DRIVE OCOEE FL 34761		8879 W. COLONIAL DR 8879 W. COLONIAL DRIVE OCOEE FL 34761			
US		US		3. Date Incorporated or Qualified 09/08/1994	3a. Date of Last Report 05/01/1995
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt.	# alc	26		59-3264093	Not Applicable
2	. 11, 010.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	te	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	28		Trust Fund Contribution	Added to Fees
4]	25	Zip 29	Country 30	8. This corporation has liability for Fiorida Statutes	or intangible tax under si 199.032, ⊛s ∭No
	9. Name and Address of Curr			10. Name and Address of New	
NADAN	i, judith		81 Name		
	HATFIELD COURT		B2 Street Add	dress (P.O. Box Number is Not Accepta	able)
	DO FL 32837		83		
			84 City		85 Zip Code
					200 85 Zip Code
1 Pursuant	to the provisions of Sections 607 050	00 and 607 4500 Fig. 14- 04-4			FL 83 Zip Code
Pursuant or register familiar with	to the provisions of Sections 607.050 red agent, or both, in the State of Florith, and accept the obligations of Society	02 and 607.1508, Florida Stat vrida. Such change was autho	utes, the above-named corporated by the corporation's boa	oration submits this statement for the pi ard of directors. I hereby accept the ap	
familiar wi	to the provisions of Sections 607.050 red agent, or both, in the State of Florith, and accept the obligations of, Section 2015.	02 and 607.1508, Florida Stat orida. Such change was autho ction 607.0505, Florida Statut	utes, the above-named corporation's boates.	oration submits this statement for the pi ard of directors. I hereby accept the ap	
familiar wi	ith, and accept the obligations of, Sei Signature, typed or printed name of registered ago	ction 607.0505, Florida Statut	NOTE: Registered Agent signature require	red when reinstating:	urpose of changing its registered offic pointment as registered agent. I am
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appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ### JUNE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

Date

Date

Date

Description: Proce | 1