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Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90094 002 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000070387

1. Corporation Name

PIEKU ENTERPRISES, INC.

Principal Place of Business

PO BOX 160218
ALTAMONTE SPRINGS FL 32716-0218
US

Mailing Address

PO BOX 160218
ALTAMONTE SPRINGS FL 32716-0218
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/23/1994

4. FEI Number

59-3298413

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EHLERS, PETER

1043 EDMISTON PL
LONGWOOD FL 32779

3453 BELLINGTON DR
ORLANDO, FL
32835

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
<input type="checkbox"/> DELETE	EHLERS, PETER	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	1043 EDMISTON PL	1.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL 32779	1.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE	3453 BELLINGTON DR	2.1 TITLE	
STREET ADDRESS	ORLANDO, FL	2.2 NAME	
CITY-ST-ZIP	32835	2.3 STREET ADDRESS	
<input type="checkbox"/> DELETE		2.4 CITY-ST-ZIP	
STREET ADDRESS		3.1 TITLE	
CITY-ST-ZIP		3.2 NAME	
<input type="checkbox"/> DELETE		3.3 STREET ADDRESS	
STREET ADDRESS		3.4 CITY-ST-ZIP	
CITY-ST-ZIP		4.1 TITLE	
<input type="checkbox"/> DELETE		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		5.1 TITLE	
STREET ADDRESS		5.2 NAME	
CITY-ST-ZIP		5.3 STREET ADDRESS	
<input type="checkbox"/> DELETE		5.4 CITY-ST-ZIP	
STREET ADDRESS		6.1 TITLE	
CITY-ST-ZIP		6.2 NAME	
<input type="checkbox"/> DELETE		6.3 STREET ADDRESS	
STREET ADDRESS		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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

PETER EHLERS

1-7-99 523-4200

CR2E034 (1/98)