## 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 # P94000078397 (4)

FILED
May 14 1998 8:00am
Secretary of State

	ENTERPRISES, INC.	0076397 (4)			
Principal Plac	e of Business	Mailing Address			
319 SW 14 AVE		210 N UNIVERSITY DR			
SUITÉ 502		SUITE 502		DO NOT HOUSE IN THE STATE	
POMPANO BEACH FL 33069		CORAL SPRINGS FL 33071		DO NOT WRITE IN THIS SPACE	
US				3. Date Incorporated or Qualified	
2. Principal P	lace of Business	2a. Mading Address	<u> </u>	10/25/1994 4. FEI Number	Applied For
21	and of this many	26		65-0529337	Not Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State	е	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	7ip [	Country	8. This corporation owes or has paid the d	
24	25   9. Name and Address of Curre		30	Personal Property Tax due Jurie 30.  10. Name and Address of New Registere	Yes No
Ц	ERNANDEZ, DAVID	in trogistico Aguin	81 Name Add	ig. Harris and Address of How Hagiston	a rigoni
	10 N UNIVERSITY DR		WASI	L Worsen oorf	
	UITE 502		82 Streef Addre	ess (P.O. Box Number is Not Acceptable)	
	ORAL SPRINGS FL 33071		83		
_			84 City		85 Zip Code
				F	
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 Lorida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Land familiar with and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE	Signature, typed or proted name or registered ag	ent and title if applicable (NO1F)	Hegistered Agent signature require	ed when reinstating) DATE	
12.	OFFICERS AN	IO DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	DPTS	☐ DELETE	1.1 TITLE		Change Addition
NAME	WESSENDORF, PAUL		1.2 NAME		3
STREET ADDRESS	319 SW 14 AVE		1.3 STREET ADDRESS		ٳ
CITY-ST-ZIP	POMPANO BEACH FL	DELETE	1.4 C(TY - ST - Z(P		Change Addition
TITLE		["] httelt	2.1 TITLE		Li change Li Addition
NAME Street Address			2.2 NAME 2.3 STREET ADDRESS		
CITY-ST-ZIP			2 4 CITY - ST - ZIP		
TITLE	<del></del>	☐ DELETE	3.1 THLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.) TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		-
CITY-ST-ZIP		T Britis	4.4 CITY - ST - ZIP		
TIFLE		☐ DELETE	5 1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	54 CHY-S1-ZIP 61 TITLE		Change Addition
NAME			62 NAME		- change radinor
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		
	ertify that the information supplied v	with this filling does not qualify for		Section 119.07(3)(i), Florida Statutes. I further	certify that the information

14. I hereby certify that the information supplied with this filing does not quality 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 small annual report of 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 of 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.

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1/25/00 211-720