03-05-1999 90123 046 \*\*\*150.00

## 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

## DOCUMENT # P94000087200

| <ol> <li>Corporat</li> </ol>                | ion Name   |                       |                 |                        |                 |                  | :          |   |                     |                   |             |                              |
|---|--|-----------------------|-----------------|------------------------|-----------------|------------------|------------|---|---------------------|-------------------|-------------|------------------------------|
| ELP EN                                      | NTERPRISES USA, INC.                               |                       |                 |                        |                 |                  | •          |   |                     |                   |             |                              |
|   |  |                       |                 |                        |                 |                  | İ          | E 10011000 110 10101 01011 00111 00     | III OOKII BOIDI     |                   |             | IH <b>89</b> 11 1 <b>881</b> |
|   |  |                       |                 |                        |                 |                  |            |   |                     |                   |             |                              |
| Principal Place of Business Mailing Address |  |                       |                 |                        |                 |                  |            | T SOURTIONS USE SOULI ESCUT OURIT NO    | ist Bütli übtei     |                   |             | 111 BOTH 1801                |
| 17041 PINES BLVD. 2800 N 46 AVE             |  |                       |                 |                        |                 |                  |            |   |                     |                   |             |                              |
|   | PINES FL 33027                                     | A 410                 | •               |                        |                 |                  |            |   |                     |                   |             |                              |
| US HOLLYWOOD FL 33021                       |  |                       |                 |                        |                 |                  |            | DO NOT WRITE IN THIS SPACE              |                     |                   |             |                              |
|   |  | US                    |                 |                        |                 |                  |            | Date Incorporated or Qualifed           |                     |                   |             |                              |
|   |  |                       |                 |                        |                 |                  |            | 12/01/19 <u>94</u>                      |                     |                   |             |                              |
| 2. Principal                                | Place of Business                                  | 2a. Mailing Ad        | dress           |                        |                 |                  |            | FEI Number                              |                     | - '               | Appli       | ied For                      |
| 21  |  | 26                    |                 |                        |                 |                  |            | <u>65-0557890</u>                       |                     |                   |             | Applicabl <u>e</u>           |
| Suite, Ap                                   | ot. #, etc.  | Suite, Apt.           | #, etc          |                        | ~               |                  | =          | Certificate of Status Desired           |                     |                   | -           | ditional                     |
| 22  |  | 27                    |                 |                        |                 |                  | <b>J</b> . | Certificate of Ctatos Desired           |                     | Fee               | Requ        | uired                        |
| City & St                                   | ate  | City & Sta            | te              |                        |                 |                  | 6.         | Election Campaign Financing             | П                   | . \$5.6           | <b>00</b> м | lay Be                       |
| 23  |  | 28                    |                 |                        |                 |                  |            | Trust Fund Contribution                 |                     | Add               | ed to       | Fees                         |
| Zip   | Country  | Zip                   |                 | Countr                 | ry              |                  | 8.         | This corporation owes the curr          | ent year In         |                   |             |                              |
| 24  | 25   | 29 30                 |                 |                        |                 |                  |            | Personal Property Tax.                  |                     | Yes               | Ę           | No                           |
|   | 9. Name and Address of Currer                      | nt Registered Agen    | t               |                        |                 |                  | 10.        | Name and Address of New F               | tegister <u>e</u> d | Agent             |             |                              |
|   |  |                       |                 | 8                      | 1 1             | lame             |            |   |                     |                   |             |                              |
| KENNETH PEYSER                              |  |                       |                 | 9.                     | 82 Street Addre |                  |            | O Roy Number is Not Accents             | hle)                |                   |             |                              |
| 2800 N 46 AVE., #A410                       |  |                       |                 |                        | 2               | ouget voor       | 833 (F.    | ess (P.O. Box Number is Not Acceptable) |                     |                   |             |                              |
| UN  | IIT 301  |                       |                 | 83                     | 3               | . ,              |            | ·                                       |                     |                   |             |                              |
| HC  | DLLYWOOD FL 33021                                  |                       |                 |                        |                 |                  |            |   |                     |                   |             |                              |
|   |  |                       |                 | 84                     | 4 1             | City             |            |   | FL                  | 85 2              | ip Co       | de                           |
| 44.5  | nt to the provisions of Sections 607.050           | 12 and 607 1609 Ele   | arida Statutos  | the abou               | <u> </u>        | amed corn        | oration    | submits this statement for the          | numose of           | -    <br>changing | its re      | gistered                     |
| office o                                    | r registered agent, or both, in the State.         | of Florida. Such cha  | ange was auth   | orized by              | v the           | e corporation    | on's bo    | ard of directors. I hereby accer        | t the appo          | intment as        | regis       | stered                       |
| agent. I                                    | am familiar with, and accept the obliga            | itions of, Section 60 | 7.0505, Florida | a Statute              | es.             |                  |            |   |                     |                   |             |                              |
| SIGNATUR                                    | E  |                       | ALOTE: D        |                        |                 | gnature required | dbon vo    | instation                               | DATE                |                   |             |                              |
| 40  | Signature, typed or printed name of registered age |                       | (NOTE: Re       | gistered Age           | gent si         | gnature required |            | ADDITIONS/CHANGES TO OF                 |                     | ND DIREC          | TOR         | S IN 12                      |
| 12.   | OFFICERS AP  | ND DIRECTORS          | DELETE          | 1.1 TITLE              |                 |                  |            | ADDITIONO/OFFANOLO TO OF                | 10211071            | Chan              |             | Addition                     |
| TITLE                                       | PEVEED MENNETH !                                   |                       | DELLIL          |                        |                 |                  |            |   |                     |                   | <b>3</b> -  |                              |
| NAME  | PEYSER, KENNETH L                                  |                       |                 | 1.2 NAME               |                 |                  |            |   |                     |                   |             |                              |
| STREET ADDRES                               |  |                       |                 | 1.3 STREE              |                 |                  |            |   |                     |                   |             |                              |
| CITY-ST-ZIP                                 | HOLLYWOOD FL                                       |                       |                 | 1.4 CITY-              |                 | P                |            |   |                     |                   |             | E Addition                   |
| TITLE                                       | S  | Ш                     | DELETE          | 2.1 TITLE              | Ē               | -                |            | •                                       |                     | ☐ Chan            | ge          | Addition                     |
| NAME  | PIRRO, MICHAEL                                     |                       |                 | 2.2 NAME               | E               | İ                |            |   |                     |                   |             |                              |
| STREET ADDRES                               | ss 2821 SW 175 AVENUE                              |                       |                 | 2.3 STRE               | ET AL           | DRESS            | 1          |   |                     |                   |             |                              |
| CITY-ST-ZIP                                 | PEMBROKE PINES FL                                  |                       |                 | 2.4 CITY-              | '-ST-2          | YP P             |            |   |                     |                   |             |                              |
| TITLE                                       |  |                       | DELETE          | 3.1 TITLE              | Ē               |                  |            |   |                     | ☐ Char            | ige         | ☐ Addition                   |
| NAME  |  |                       |                 | 3.2 NAME               | Ę               |                  |            |   |                     |                   |             |                              |
| STREET ADDRES                               | ss   |                       |                 | 3.3 STRE               | ET AC           | DRESS            |            |   |                     |                   |             |                              |
| CITY-ST-ZIP                                 |  |                       |                 | 3.4. CITY-             | -ST-2           | IP               |            | _                                       |                     |                   |             |                              |
| TITLE                                       | <del></del>  |                       | DELETE          | 4.1 TITLE              |                 | _                |            |   |                     | Char              | ige         | ☐ Addition                   |
|   | <u> </u>   |                       |                 |                        |                 |                  |            |   |                     |                   |             |                              |
| NAME  |  |                       |                 | 4. 2 NAME              | ΙE              |                  |            |   |                     |                   |             |                              |
|   | 22   |                       |                 | 4. 2 NAME<br>4.3 STREE |                 | ORESS            |            |   |                     |                   |             |                              |
| STREET ADDRES                               | ss   |                       |                 | 4.3 STRE               | ETAL            |                  |            |   |                     |                   |             |                              |
|   | ss   |                       | DELETE          |                        | ET AL           |                  |            |   |                     | ☐ Chan            | ige         | ☐ Addition                   |

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 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 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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

2-22-99

Change

☐ Addition