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

Mailing Address

P O BOX 901211

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

13271 S.W. 260 TERRACE

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

Jan 21 1997 8:00am

Secretary of State

305 2575353

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P94000091425 (6)

CANTILEVA ENTERPRISES, INC.

NARANJA FL 33032  2. Principal Place of Business		HOMESTEAD FL 33080-1211 US							
					3. Date Incorporated or Qualified 12/15/1994		3a. Date of Last Report 02/05/1996		
		2a. Mailing Address		4. FEI Number	1		pplied For		
21		26			65-0543302	Not Applicable			
Suite, Apt	≠, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & Stat	le	City & State		·		Election Campaign Financing     Trust Fund Contribution			May Be to Fees
Zip 24	Country 25	Z(μ)	Cou	intry		8. This corporation has liability for Florida Statutes	intangibli Yes		. 199.032,
	<ol><li>Name and Address of Current</li></ol>	t Registered Agent				10. Name and Address of New Re	gistered	Agent	
MAJ	as, John P			81	Name				
44	N.E. 16 STREET		ŀ	82 Street Add		dress (P.O. Box Number is Not Acceptab	le)		
HOI	MESTEAD FL 33030				Oli Obi i i di	oross (r.c. box reamber to recy to epital			
				83					
				84	City			<b>85</b> Zip	Code
44 Duecoust	to the average age of Continue 207.050	2 and 607 1568 Flands Clar					FL		
office or r agent 1 a	to the provisions of Sections 607,050 registered agent, or both, in the State am familiar with, and accept the obliga	2 and 607 1508, Florida State of Florida. Such change was ations of, Section 607,0505, F	ites, the at authorized lorida Stat	oove d by tutes	-named cor the corpora	rporation submits this statement for the pation's board of directors. I hereby accept	urpose of the ap	of changing in pointment as	ts registered registered
SIGNATURE									
12.	Signature, type diction product name of registers a an- OFFICERS ANI		13.	d Ager	nt signature requ	uired when reinstating)  ADDITIONS/CHANGES TO OFFIC	DATE EDS AN	D DIDECTOR	20 INI 10
TOTLE	D	DELETE	1.110	TLE		ADDITIONS/CHANGES TO OFFIC	LIIO AN	Change	Addition
NAME	PATE, LEWIS JR		1.2 NA	AME					
STREE! ADDRESS	13271 S.W. 260 TERRACE		1.3 ST	reet /	ADDRESS				
City - St - ZiP	NARANJA FL 33032		1.4 CI	TY-ST	- 21P				
TITLE	D	DELETE	2.1 1(1					Change	Addition
NAME	JONES, VERA		2.2 NA	AME	'				
STREET ADDRESS	13271 S.W. 260 TERRACE		2.3 ST	REET A	ADDRESS				
City - ST - ZIP	NARANJA FL 33032		2.4 CI	ITY-SI	I-ZIP				
THTLE	D	OELETE	3 1 TIT	TLF				Change	Addition
NAME	JONES, ROBERT J		3.2 NA	AME	İ				
STREET ADDRESS	13271 S.W. 260 TERRACE		3 3 ST	REET A	ADDRESS				
CITY - ST- ZIP	NARANJA FL 33032		3.4. C)	ITY - ST	T-ZIP				
TITLE		DELETE	4 1 117	ILE		· · · · · · · · · · · · · · · · · · ·		Change	Addition
name	<b>,</b>		4 2 N	AME					
STREET ADDRESS			4 3 ST	REET A	ADDRESS				
CITY - ST - ZIP			4 4 CI	TY-ST	- ZIP				
TITLE		☐ DELETE	5 1 TIT	TLE				Change	Addition
NAME			52 NA	AME					
STREET ADDRESS			5357	REET A	ADDRESS				
CITY - ST - 7IP			5.4 CI	TY-ST	-ZIP				
TITLE		DETELL	61 TH	TLE				Change	Add tion
NAME			62 NA	AME.					
STREET ADDRESS			63 ST	REET #	ADDRESS				
CITY . \$1 -210			6.4.011	TU OT	710				

14. Ido hereby 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 true empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charyled, or on an attachment with an address.

SIGNING OFFICER OR DIRECTOR