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

1	MENT # P94000 ERPRISES, INC.	0092331 (5)				. 		
Principal Plac	ce of Business	Mailing Address				e en vo ne ende h	ARTA IJURA IJU	
1241-25 BLANDING BLVD ORANGE PARK FL 32065 US		1241-25 BLANDING BLVD ORANGE PARK FL 32065 US		DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or Qualified			
2 Principal P	Place of Business	2a. Mailing Address			12/22/1994 4. FEI Number			alle at Eas
21	Table of Basilloss	26			59-3297061			pplied For at Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			' '	П	\$8.75	
22		27			5. Certificate of Status Desired	<u> </u>	Fee Re	quired
City & State		City & State		Election Campaign Financing Trust Fund Contribution		\$5.00 Added 1		
Zip	Country	Zip	Country		8. This corporation owes or has p	aid the currer	nt year Int	angible
"-4	25 29 30				Personal Property Tax due June 30. Yes No			
,	9. Name and Address of Curren	t Registered Agent	81	Name	10, Name and Address of New R	agistered Ag	ent	
	EGENBEIN, ALVA V		[0]	Ivallie				
380 PERTHSHIRE DR ORANGE PARK FL 32073			82	Street Addr	ress (P.O. Box Number is Not Accepta	ble)		
.`			83					
1			84	City		EI	85 Zip (Code
£ 11. Pursuant	to the provisions of Sections 607 050	2 and 607 1508 Florida Statute	es the above-	named corr	poration submits this statement for the	nurnose of ci	hanging it	s registered
office or r agent. I a	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was a alions of, Section 607.05 <mark>05, Fl</mark> o	authorized by to orida Statutes.	he corporal	poration submits this statement for the lion's board of directors. I hereby acce	pt the appoin	ntment as	registered
SIGNATURE	Signature typed or printed name of registered ago	ol and title if applicable (NOTE	Registered Agent	signature requir	red when reinsta(ing)	DATE		
12.			13.	organization rodge.	ADDITIONS/CHANGES TO OFFI		RECTOR	\$ IN 12
TITLE	P	☐ DELETE	1.1 TITLE	T			Change	Addition
NAME	AJEGENBEIN, ALVA V		1.2 NAME					
STREET ADDRESS	380 PERTHSHINE DR		1.3 STREET AC	ODRESS		. E. *		
CITY-ST-ZIP	ORANGE PARK FL 32073	T PSI FEE	1.4 CITY-ST- 2.1 TITLE	ZIP			1	1
TITLE						_	Change	Addition
NAME			2.2 NAME					
STREET ADDRESS CITY-ST-ZIP			2.3 STREET AL 2. 4 CITY - ST-					
TITLE		DELETE	3.1 TITLE	ZIF	······································		Change	Addition
NAME			3.2 NAME				- · · • ·	
STREET ADDRESS			3.3 STREET AL	DDRESS				
CITY-ST-ZIP			3.4. CITY-ST-	ZIP				
TITLE		DELETE	4.1 TITLE			L	Change	Addition
NAME			4. 2 NAME	ĺ				
STREET ADDRESS			4.3 STREET AC	DRESS				
CITY-ST-ZIP		T notize	4.4 CITY - ST -	ZIP	· · · · · · · · · · · · · · · · · · ·		Late	
TITLE	,‡4.	☐ DELETE	5.1 TITLE				Change	Addition
NAME OTOTOT ADDRESS			5.2 NAME	, narco				
STREET ADDRESS CITY-ST-ZIP			5.3 STREET AD 5.4 CITY - ST - 3					
1 0137+31+21F			■ 0.4 UHT - SI~.	LIF I				

6.4 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 or an attachment with an address.

6.2 NAME

6.3 STREET ADDRESS

DELETE

NAME

STREET ADDRESS

Change

FILED

Mar 03 1998 8:00am

Secretary of State