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 # P9500001295

1. Corporation Name **EKONOMY ENTERPRISES, INC.**

Apr 28, 1999 8:00 am Secretary of State

04-28-1999 90051 021 ***150.00



											HRADI KAN IRDI
Principal Place of Business Mailing Address											
7049 OKEECHO FT PIERCE FL		7049 OKEECHOBEE ROAL) FT PIERCE FL 34945					DO NOT	WRITE IN THIS	S SPACE		
							3. Date to	corporated or Qual	ifed		
							01/0	1/1995			
Principa Place of Business 2a. Mailing Address							4. FEI No			t	lied For
21		26		_			65-0	44937			Applicable
Suite, Apt.	#, etc.	Suite, Apt	. #, etc.				5. Certifo	ate of Status Desire	d 🗀	\$8.75 A Fee Re	
City & State	e		City & State				6. Election Campaign Financing \$5.00 May Be				
23		28					Trust 9	und Contribution		Added to	
Zip	Country	Zip		Coun	try			rporation owes the	current year in		r=1
24	25	29		30				al Property Tax.			[]No
	9. Name and Address of (Current Registered Age	nt		81	Name	10. Name	and Address of N	w Registere	Agent	
FCO	NOMYS, PETER A					Name					
7049 OKEECHOBEE ROAD					82	Street Acdr	ess (P.O. Box	Number is Not Acc	eptable)		
FT PIERCE FL 34945					83			_ 			
• • • •											
				1	84	City			FL	85 Zip C	ode
agent. I a	egistered agent, or bo h, in the m familiar with, and accept the Signature, typed or printed name of register	obligations of, Section 60	07.0505, Flo	orida Statut	es.		d when reinstating		DATE		
12.		RS AN() DIRECTORS	(1401	13.	gon	agricial rock no		ONS/CHANGES TO		ND DIRECTO	F:S IN 12
TITLE	D		DELETE	1.1 TITL	E					Change	☐ Addition
NAME	ECONOMYS, PETER A	ETER A		1.2 NAM	1.2 NAME						
STREET ADDRE IS	7049 OKEECHOBEE ROA	D		1.3 STR	EET	ADDRESS					
CITY-ST-ZIP	FT PIERCE FL 34945			1,4 CITY	/- ST-	- ZIP					
TITLE] DELETE	2.1 TITL	E					Change	☐ Addition
NAME				2.2 NAW							
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP			DELETE	2.4 CIT 3.1 TITL		-ZIP				☐ Change	Addition
TITLE		_) DEFE IE	3.2 NAM						onange	
NAME				1		ADDRESS					
STREET ADDRE 3S CITY-ST-ZIP				3.4. CIT							
TITLE			DELETE	4.1 TITL	-					Change	Addition
NAME				4.2 NA	ИE						
STREET ADDRE 3S				4.3 STR	EET	ADDRESS					
CITY-ST-ZIP				4.4 CITY	/-ST	-ZIP					
TITLE			DELETE	5.1 TITL	E					Change	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 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 or derived that from 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.

5.2 NAME

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

☐ DELETE

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

STREET ADDRESS

STREET ADORE 3S

CITY-ST-ZIP

Change

☐ Addition