SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000004818 (7)

APPROVED AND FILED

1998 JAN -2 FH 12: 11

SECRETARY OF STATE TALLAHASSEF, FLORIDA

EVERGLADES ENTERPRISE, IN	IC.				
Principal Płace of Business 6615 RODMAN STREET HOLLYWOOD FL 83023	Mailing Address 3270 KAPOT TERR. MIRAMAR FL 33023		DO NOT WRITE IN THIS SPACE		
			3. Date Incorporated or Qualified 01/17/1995	·····	oort
Principal Place of Business	2a. Mailing Address		4. FEI Number		ied Fo
<u> </u>	[26]		65-0561140		Applice
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Ad	
City & State	City & State		6. Election Campaign Financing		
ony a state	28		Trust Fund Contribution	\$5.00 M Added to	
Z ip Country	Zip	Country	8. This corporation owes or has p	aid the current year Intan	
25 og	29	30	Personal Property Tax due Juni		No.
9. Name and Address of Co	urrent Registered Agent	81 Name	10. Name and Address of New R	egistered Agent	
MONTES, JOSE 3270 KAPOT TERRACE					
MIRAMAR FL 33025		82 Street Ad	dress (P.O. Box Number is Not Accepta	ble)	
Inn Campai i L OOUZO		83			
_					·
/ /		84 City		FL 85 Zip Co	
Pursuant to the provisions of Spctions of office or registered agont, or both in the agent. I am familiar with and accord the descriptions.	obligations of, Section 607.0505, Flo	orida Statutes.		12/1/	_
SIGNATURE Signature, typhod or printed name of registers		Registered Agent Signature req	pured when reinstating)	10/29/97	
Signature, typind or printed name of register OFFICERS	S AND DIRECTORS	Registered Agent signature req		DAIL CERS AND DIRECTORS	
Signature, typind or printed name of register		Registered Agent Signature req	pured when reinstating)	DATE CERS AND DIRECTORS	
2. OFFICERS TITLE P MONTES, JOSE STREET ADDRESS 3270 KAPOT TERR.	S AND DIRECTORS	Registered Agent signature req	guired when reinstating) ADDITIONS/CHANGES TO OFFI	DATI CERS AND DIRECTORS Charige	∏ Ad
Signature hybrid or printed name of register S. OFFICERS TILE MONTES, JOSE MONTES, JOSE	S AND DIRECTORS	Registered Agent signature req 13. 1.1 THE 1.2 NAME	guired when reinstating) ADDITIONS/CHANGES TO OFFI	DATI CERS AND DIRECTORS Charige	Ad
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2. OFFICERS TITLE MONTES, JOSE STREET ADDRESS DITY-ST-ZIP MIRAMAR FL 33025	S AND DIRECTORS	Hogistried Agent signature req 13. 1.1 TitlE 1.2 NAMÉ 1.3 STREET ADDRESS 1.4 CHY-S1-7IP	guired when reinstating) ADDITIONS/CHANGES TO OFFI	DAIL CERS AND DIRECTORS	∏ Ad
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I do 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an examinent with an address.