FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNITAL REPORT



SIGNATURE: James H. Mullus
SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

	1996		7	etary of State F CORPORATIONS		
DOCUN 1. Corporation	MENT #	P95000	008752 (4	4)		
ENTER	PRISE LAKE	CORPORATION			A CRONING I ME CHINI DINI DONI BENI	n aann aann bardt sässt sääät äinä kiät 1561
Disciplification	- A D minus		Mailing Address			
Principal Place	of Business					
			7381 S.W. SIXTH CO PLANTATION FL 333			
					3. Date Incorporated or Qualified	3a. Date of Last Report
					02/02/1995 4. FEI Number	Applied For
	ace of Business	TH RIVER DR	2a. Mailing Address	MY RIVER DE	45-0052162	Not Applicable
Suite, Apt.	#, etc.	IN KIVER DE	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State			City & State	<u>>~ </u>	6. Election Campaign Financing	\$5.00 May Be
	BLEY	FL	28 MEDLEY	PL	Trust Fund Contribution	Added to Fees
Zip a a	11.1. H	Country	Zip 33/44	Country	8. This corporation has liability for	intangible tax under s 199.032, s □ No
24 22	-	Address of Current I		30 DAJE	Florida Statutes Yes	
 	9, Name and	Address of Current	negistered Agent	81 Name	10.	
				B2 Street	Address (P.O. Box Number is Not Accepta	hle)
	ER, JAMES H	IDT.		B2 Street	Address (F.O. Box Number is Not Accepta	Jioj
	.W. SIXTH COL					
PLANTATION FL 33317						85 Zip Code
				1 1 1		FL 8 2 P COOC
11. Pursuant	to the provisions of	of Sections 607.0502 a	nd 607.1508, Florida Stati . Such change was author	utes, the above-named co rized by the corporation's	prporation submits this statement for the pu board of directors. I hereby accept the app	irpose of changing its registered office pointment as registered agent. Lam
familiar wi	ith, and accept the	obligations of, Section	607.0505, Florida Statut	es.		_
SIGNATURE .	701-14-14-14-14-14-14-14-14-14-14-14-14-14	ted name of registered agent an	d titin if annimable (NOTE: Registered Agent signature r	required when remstation)	DATE
12.	Signature, typed or pain	OFFICERS AND		13.		FICERS AND DIRECTORS IN 12
TITLE	PRESIDE	NT - DIRECT	DELETE	1. 1 TITLE		Change Addition
NAME	JAMES	H. MUEL	ER	1.2 NAME		
STREET ADDRESS	7381 5	W & CT.		1.3 STREET ADDRESS		
CITY - ST - ZIP	PLANT		133/7	1.4 C/TY - ST - ZIP		Change Addition
TITLE	SEC RET	ARY DIREC		2.1 TITLE		Change Robiton
NAME	JEAN 1	n. muell	ik	2 2 NAME 2 3 STREET ADDRESS		
STREET ADDRESS		W, L CT.	33317	24 CITY-ST-ZIP		
CITY-ST-ZIP TITLE	TAR TAR		☐ DELETE	3 1 TITLE		Change Addition
NAME	PELLY	HOWARD	_	3.2 NAME		
STREET ADDRESS	7051 5	w 28 \$₹.		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIRAN	AR, FL	38023	3.4 CITY - ST - ZIP		
TITLE	VP		DELETE	4. 1 TITLE		Change Addition
NAME	GREGO	EY MUELL		4.2 NAME		
STREET ADDRESS	788/ 5		29017	4.3 STREET ADDRESS		•
CITY-ST-ZIP	FLANTI	ATTION, FL	DELETE	4.4 CITY-ST-ZIP 5 1 TITLE		Change Addition
TIBLE				5.2 NAME		
NAME STREET ADDRESS				5.3 STREET ADDRESS		ļ
CITY-ST-ZIP				5.4 CITY-ST-ZIP		
TITLE			☐ DELETE	6. 1 TITLE		Change Addition
NAME				6.2 NAME		1
STREET ADDRESS	1			6.3 STREET ADDRESS		

64 CITY-ST-ZIP 14. Ido hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 on an attachment with an address.

305-885-4107