


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

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90215 022 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000016834

1. Corporation Name
ENTERPRISE ZONE INC.

Principal Place of Business
**31142 COVE RD.
TAVARES FL 32778**

Mailing Address
**31142 COVE RD.
TAVARES FL 32778**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 15 CENTRAL AVE SW Suite, Apt. #, etc. 22 City & State 23 EAGLE LAKE, FL Zip 24 33839 Country 25 POLK		2a. Mailing Address 26 11322 DEAD RIVER RD Suite, Apt. #, etc. 27 TAVARES, FL City & State 28 32778 Zip 29 LAKE Country 30		3. Date Incorporated or Qualified 02/27/1995	
4. FEI Number 59-3302014		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent MASSEY, TANGIE L 31142 COVE RD. TAVARES FL 32778			10. Name and Address of New Registered Agent 81 Name VEDAT SENTURK 82 Street Address (P.O. Box Number is Not Acceptable) 11322 DEAD RIVER RD 83 84 City TAVARES FL 85 Zip Code 32778		

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE  **VEDAT SENTURK** PRESIDENT  **4/28/99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SENTURK, VEDAT 11322 DEAD RIVER RD TAVARES FL 32718	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PRESIDENT SENTURK VEDAT 11322 DEAD RIVER RD TAVARES FL 32778
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MASSEY, GIDEON H 31142 COVE RD. TAVARES FL 32778	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MASSEY, TANGIE L 31142 COVE RD. TAVARES FL 32778	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **VEDAT SENTURK** **4/28/99** **352-343-8670**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)