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

DOCUMENT # P95000027748 (9)

Maling Address 18819 JEBERT DRIVE ARIPEKA FL 34679 POST OFFICE BOX 317 ARIPEKA FL 34679 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/03/1995 2. Principal Place of Business 2. Amaling Address 2. Principal Place of Business 2. Principal Place of Business 2. Principal Place of Business 3. Date Incorporated or Qualified 04/03/1995 4. FEI Number Applied For Not Applicable Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required Fee Required Fee Required City & State 2. Election Campaign Financing Fee Required Fee Requ	1, Corporation	EET ENTERPRISES INC.	(0)	,								
ARIPEKA FL 34679 ARIPEKA FL 3	Principal Place	of Business	Mailing Address				. Leadings iid (bid) dili) gaill anili ddill 95ild i	1811 18811 19 2	ri minut iõli rõui			
2. Principal Place of Business 2. Mittling Address 2. Mittling Address 3. FEI Number 3. Suite, Apt. #, etc. 3. Suite, Apt. #, etc. 3. Certificate of Status Desired \$8.75 Additional Fee Required Fee				7			DO NOT WRITE IN THIS SPACE					
25 Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Country Zip Zip Zip Zip Zip Country Zip Country Zip Country Zip Zip Zip Zip Zip Zip Zip Zi												
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Steel State City & State Cit	21		26				59-3308486		Not Applicable			
City & State 28 City & State 29 Country Country Added to Fees Zip Country Zip Country Zip Country Zip Country Zip Personal Property Tax due June 30. Yes No Personal Property Tax due June 30. Yes No NORFLEET, JAMES H 18819 JEBERT DRIVE ARPEKA FL 34679 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of. Section 607 0505. Florida Statules. SIGNATURE 12. OFFICE RS AND DIRE CTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ITILE PNOR Registered Agent signature required when renstating) DATE Coluntry Registered Agent Address of New Begistered Agent Address of New Registered Agent No Registered Agent No Registered Agent Address of New Registered Agent No Registered Agent No Registered Agent Address of New Registered Agent Address of New Registered Agent No Registered Agent Address of New Registered Agen	Suite, Apt. (#. etc)ı				5. Certificate of Status Desired					
Zip Country Zip Country Zip Country S. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent NORFLEET, JAMES H 18819 JEBERT DRIVE ARIPEKA FL 34679 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83	City & State		h				· · · · · · ·					
P. Name and Address of Current Registered Agent NORFLEET, JAMES H 18819 JEBERT DRIVE ARIPEKA FL 34679 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 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. Thereby accept the appointment as registered agent I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE Signature, typed or predict outside the darphicable (NOTE Registered Agent signature required when recitating) DATE 12. OF FICE HS AND DIRE CTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PNOR		r1	h '		intry	,						
18819 JEBERT DRIVE ARREKA FL 34679 82 Street Address (P.O. Box Number is Not Acceptable) 83			rrent Registered Agent				10. Name and Address of New Registers	d Agent				
ARPEKA FL 34679 83 84 City FL 85 Zip Code 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 agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE Signature: typed or predict cause of registered agent and the dury deable. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE PNOR	NOI	rfleet, James H			81	Name		,				
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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 agent transfamiliar with, and accept the obligations of Section 607 0505, Florida Statutes. SIGNATURE Signature: typed or prefer house of registered agent and the diagraphic of the purpose of changing its registered by the corporation's board of directors. I hereby accept the appointment as registered agent transfamiliar with, and accept the obligations of Section 607 0505, Florida Statutes. SIGNATURE Signature: typed or prefer house of registered agent and the diagraphic did. (NOTE Registered Agent signature required when registating) DATE 12. OFFICERS AND DIRECTORS IN 12 TITLE PNOR		. •			83			· · · · · · · · · · · · · · · · · · ·				
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Signature, typed or protect naive of rigitations depend agent and the drapp-braidle (NOTE Registatord Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 1 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE PNOR DELETE 1.1 TITLE Change Addition	11. Pursuant to office or reagent. Lan	o the provisions of Sections 607 ogistered agent, or both, in the S n familiar with, and accept the o	0502 and 607,1508, Florida Stati fate of Florida, Such change was bligations of, Section 607,0505, f	utes, the at authorized lorida Stat	bove d by utes.	named c the corpo	corporation submits this statement for the purpose pration's board of directors. I hereby accept the a	of changi ppointmen	ng its registered t as registered			
TITLE PNOR DELETE 1.1 TITLE Change Addition	SIGNATURE	Signature, typied or printed name of rigisteri	diagonitumi the diapplicable (NS	OTE Angistered	d Ager	nt signature re	equired when reinstating) DATE					
							ADDITIONS/CHANGES TO OFFICERS A	ND DIREC	TORS IN 12			
THE JAMES N	TITLE	PNOR FLEET JAMES N	DELETE					Cha	nge Addition			

office or re	to the provisions of Sections 607 0502 and 607 1508. Flor egistored agent, or both, in the State of Florida. Such cha m familiar with, and accept the obligations of, Section 60	inge was auth	norized by the corp	corporation submits this state oration's board of directors.	ment for the purpose of a hereby accept the appo	changing its sintment as	s registered registered
SIGNATURE							
	Signature, typed or protect name of rigistered agent and file if applicable	(NOTE R	ngistered Agent signature	required when reinstating)	DATE		
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHAN	GES TO OFFICERS AND		
TITLE		DELETE	1.1 TITLE		[Change	Addition
NAME	FLEET, JAMES N		1.2 NAME				
STREET ADDRESS	18819 JEBERT DRIVE		1.3 STREET ADDRESS				
CITY-S1-ZIP	ARIPEKA FL 34679		1.4 CITY-ST-ZIP				
TITLE		DELETE	2.1 TITLE			Change	Addition
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREET ADDRESS				
CITY-ST-ZIP			2.4 CITY- ST-ZIP				
TITLE		DELFTE	3 1 TITLE		Į	Change	Addition
NAME		i	3-2 NAME				
STREET ADDRESS			3 3 STREET ADDRESS				
CITY-ST-ZIP			3 4. CITY-ST-ZIP				
TITLE		DELETE	4.1 TITLE			Change	☐ Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADORESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		DELETE	5.1 TITLE			☐ Change	☐ Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY - ST-ZIP				
TITLE		DETELE	6 1 TITLE			Change	☐ Addition
NAME		i	62 NAME				
STREET ADDRESS			63 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY - ST - ZIP			 	

14. Thereby certify that the information supplied with this filling 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 is supplied entitled and indicated on this annual report is supplied entitled and indicated effect as if made under eath; that I am an officer or director of the corporation or the receiver or frustee 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.

SIGNATURE: Janu H. Mollet - JAMES H. No Plast 2/10/98 (413) 862-7443

CR2E034 (10/97)

FILED

Feb 17 1998 8:00am

Secretary of State