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 # P95000038661

1. Corporation Name

FORTNIGHT ENTERPRISES INC.

Principal Place of Business	Mailing Address		
2336 VALLEY RIDGE LANE BROOKSVILLE FL 34602	2336 VALLEY RIDGE LANE BROOKSVILLE FL 34602		
			ŀ
			_
2. Principal Place of Business	2a. Mailing Address		
21	26		
Suite, Apt. #, etc.	26 Suite, Apt. #, etc.		
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.		
Suite, Apt. #, etc. City & State	Suite, Apt. #, etc. 27 City & State		
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	Country	

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90180 028 ***150.00



OKSVILLE FL		BROOKSVILLE FL 34602			DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed 05/16/1995		
Principal Place	of Business	2a. Mailing Addr	ess		4. FE! Number	Applied For	
		26		_	59-3314152	Not Applicable	
Suite, Apt. #, e	etc.	Suite, Apt. #	, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country 25	Zip	Cour 30	ntry	This corporation owes the current yearsonal Property Tax.	ear Intangible ☐ Yes Ş İNo	
	. Name and Address of Cu	rrent Registered Agent			10. Name and Address of New Regist	ered Agent	
IDVING	THEODORE		_	81 Name	_		
2336 VALLEY RIDGE LANE				82 Street Ad	dress (P.O. Box Number is Not Acceptable)		
BROOK	SVILLE FL 34602			83			
				84 City		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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

J			
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re	gistered Agent signature re	required when reinstating) DATE
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	IRVING, THEODORE	1.2 NAME	1
STREET ADDRESS	2336 VALLEY RIDGE LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKSVILLE FL 34602	1.4 C/TY-ST-Z/P	
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		Z-4 CHY ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		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 ADDRESS	
CITY-ST-ZIP		4.4 CiTY-ST-ZIP	
TITLE	☐ DÉLETÉ	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ OELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, og on an attachment with an address, with all other like empowered.

SIGNATURE: