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

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

ANN	NNUAL REPORT Secretary of State 1996 Division of Corporations						
DOCL 1. Corporati	JMENT # P9	5000042002	2 (2)	·•			
•	red enterprises, II	NC.			1 118(118) (18 16(6) 8)(1) 06(1) 06	ırı Bü lki Ba llı Gıbı	
,	ce of Business	Mailing Address			. , , , , , , , , , , , , , , , , , , ,	44111 94111 9181	a 14844 64540 86446 1581 1881
	erprise road Ter FL 34623	2660 ENTERP CLEARWATER					
					3. Date Incorporated or Qualified 05/24/1995	3a. Date	of Last Report
2. Principal i	Place of Businoss	2a. Mailing Addr 26	ess		4. FF! Number		Applied For Not Applicable
Suite Apt #, etc.		——————————————————————————————————————	Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required
City & Sta	ate	Orty & State	•		6. Election Campa gu Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
Zip 4	Country 25	Zip 29	Go 30	untry	8. This corporation has liability for	intangibie tax	
	g. Name and Address	of Current Registered Agent		I.,	10. Name and Address of New		gent
El DDI	ED IAMES			81 Name			
ELDRED, JAMES 2660 ENTERPRISE ROAD				82 Street Address (P.O. Box Number is Not Acceptable)			
	RWATER FL 34623			83	The state of the s		
				84 City			85 Zip Code
				' '		FL	
or régist	it to the provisions of Sections tered agent, or both, in the Stal	607.0502 and 607.1508. Florida te of Florida. Such change was .	a Statutes, the ab authorized by the	ove named corp corporation's bo	oration submits this statement for the pu and of directors. Thereby accept the app	rpose of chan	ging its registered office
Teat I I I I	man, and accept the obligation	s of, Section 607.0505, Florida (Statutes		, , , , , ,		g
SIGNATURE	Signature, typed or protect name of reg	indenish digent at ortify if applicative	1961): Beignstein	: Agent signature régic	Coll W ^E to New Stating	DA't	
2.		DERS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	ICERS AND (IRECTORS IN 12
TITLE NAME	D ELDRED, JAMES	DELE		TIFLE			Change
name STREET ADDRESS		n A D		AME			
DITY-ST-ZIP	CLEARWATER FL 34			THEET ADDRESS			
ITLE		DELE	· · · · · · · · · · · · · · · · · · ·				Change Addition
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STREET ADERESS	i l		238	TREET ADDRESS			
DITY-ST-72			240	ITY-ST ZIP			
ITLE		☐ DELE	H 3.1	ITLF			Change Addition
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TREET ADDRESS	5		335	TREET ADDRESS			
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AME			.¹E 4.11			1 1	Change
			The state of the s			<u>.</u>	ondargo D Addition
TREET ADDRESS		[] ecc.	42N	AME		U	Onlings D Addition
			42N 43S	AME TREE! ADDRESS		ں	Original D. Materials
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DITY-ST-ZIP DITLE NAME STREET ADDRESS			42N 43S 44€ 1€ 511 52N 53S	AME THEE! ADDRESS ITY-ST Z.P THEF AME			
DITY-ST-ZIP TITLE NAME STREET ADDRESS DITY-ST-ZIP			428 446 1E 5 11 578 538	AME ITHEL: ADDRESS ITY-SI-ZP ITE AME IREEI ADDRESS ITY-SI-ZP			
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14. I do hereby certify that the information supplied with this fing is voluntarily turnished 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 report is true and accurate and that my signature shall have the same logal effect as if made under oath; that I am all office for director of the comparation or the projection true employees of the execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or organization from a director.

SIGNATURÉ!

THATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(813) 796-1048