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

PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996 POCUMENT # P0500004

1. Corporation	MENT # P950 NAME (IN ENTERPRISES INC.	000045329 (6	S)		
Principal Place	Principal Place of Business Mailing A			a tendicipat una tatat delle datel datel	1981 1981 1981 1981 1981 1981 1981 1981 1981 1981 1981 1981 1981 1981 1981 1981
1250 NW 133 AVE SUNRISE FL 33323		1250 NW 133 AVE SUNRISE FL 33323			
				3. Date Incorporated or Qualified 06/06/1995	3a. Date of Lest Report
2. Principal Pla 21	ace of Business	2a, Mailing Address		4. FEI Number	Applied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		65-0588221	Not Applicable
22		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23 Zip	Country	28 7:n		Trust Fund Contribution	Added to Fees
24]	25	Zip 29	Country 30	8. This corporation has liability for Florida Statutes	intangible tax under s 199.032,
	9. Name and Address of Cui			10. Name and Address of New R	
0111014			81 Name		
CHAPKII			82 Street Ad	ddress (P.O. Box Number is Not Acceptab	le)
1250 NW 133 AVE SUNRISE FL 33323					
OUNTION	- T L 90020		83		
			84 City		FL 85 Zip Code
SIGNATURE _	Signature, typed or printed name of registered a		ITE Registered Agent signature requ		DATÉ
TOLE	D	DELETE	13. 1 1 TITLE	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12 Change Addition
NAME	CHAPKIN, JEFF	•	1.2 NAME		Change C Addition
STREET ADDRESS	1250 NW 133 AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	SUNRISE FL 33323		1.4 CHTY - ST - ZIP		
TITLE NAME		☐ DELETE	2. 1 TITLE		Change Addition
STREET ADDRESS			2.2 NAME		
CITY-S1-ZIP			2.3 STREET ADDRESS 2.4 CHY-ST-ZIP		•
TITLE		DELETE	3. 1 TITLE		Change Addition
NAME		.—	3.2 NAME	•	Cl qualific Cl youthou
STREET ADDRESS			3.3 STREET ADDRESS		
CrTY-ST-ZIP			3.4 CITY - ST - ZIP		
TITLE NAME		☐ DELETE	4. 1 TITLE		☐ Change ☐ Addition
STREET ADDRESS			4.2 NAME		
CITY - ST - ZIP			4.3 STREET ADDRESS 4.4 City - St - Zip		
TITLE		DELETE	5 1 TITLE		Change Addition
NAME			5.2 NAME		ordings xadition
STREET ADDRESS			5.3 STREET ADDRESS		
CrTY - ST - ZiP			5.4 CITY - ST - ZIP		
TITLE		DELETE	6 1 TITLE		Change Addition
NAME STREET ADDRESS			6 2 NAME		
CITY - ST - ZIP			6.3 STREET ADDRESS		
14. I do hereby	certify that the information supplie	d with this filing is voluntarily furni	64 CITY-ST-ZIP shed and does not qualify	for the exemption stated in Section 119.0	17/31/k) Florida Statutos Lituthos
				rate and that my signature shall have the s his report as required by Chapter 607, Flo	

CR2E034 (12/95)

9548460415 Daytine Phone #