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

CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

	CUMENT # PS poration Name CA ENTERPRISES, INC		54481 (3)							
Principal Place of Business Maili			Mailing Address	ailing Address					)) <b>010</b> 17 <b>0100</b> 2 1010	)
1011 SPRINGDALE CIRCLE WEST PALM BEACH FL 33461			1011 SPRINGDALE CIRCLE WEST PALM BEACH FL 33461-1540			-				
WEGIF	NUM DENOTIFE SOADI		TEOT TRUM DENOTITE GO	101-(010				·		<del></del>
							Date Incorporated or Qualif 07/11/1995		Date of Last R 5/01/1996	ieport
	cipal Place of Business		2a. Malling Address			4.	FEI Number <b>65-0633648</b>		<b>├-</b>	oplied For
21 Suite	c. Apt. #, etc.		Suite, Apt. #, etc.		<del></del>		0070033040			ot Applicable Additional
22	0.7 qr. n, sis.	ļ.	27			5.	Certificate of Status Desired	, 0		equired
City	& State		City & State		<del></del>	6. 1	Election Campaign Financir	ng	·	May Be
23			28		··		Trust Fund Contribution			to Fees
Zip	( Countr	´	Zip	Country			This corporation has liability			. 199.032.
24	25 9. Name and Addre		- <u>-</u> -J	30			Florida Statutes Name and Address of New	Yes		
<u> </u>	CARTER, RICHARD F		giotorou regoni	81	Name	10.	THE POST OF THE	r riogistoro.	1 Agent	
1011 SPRINGDALE CIRCLE WEST PALM BEACH FL 33461							O Designation of Mark Asset			
						ress (P.	O. Box Number is Not Acce	eptable)		Ì
				83						
				84	City		<u> </u>		85 Zip	Code
L								F	L	
11. Pui offi agi	rsuant to the provisions of Sec ice or registered agent, or bott ent. I am familiar with, and acc	tions 607.0502 and in the State of Feept the obligation	d 607.1508, Florida Statute lorida. Such change was a is of, Section 607.0505, Flo	es, the above uthorized by rida Statutes	e-named corp the corpora s.	poration ation's bo	submits this statement for pard of directors. I hereby a	the purpose accept the ap	of changing it pointment as	s registered registered
SIGNA:	TURE Signature Typed or printed name	of tensured about an	tide if applicable (NOTS	Registered Age	nt signature requi	iired when I	reinstation)	DATE		
12.		FFICERS AND DI		13.			DDITIONS/CHANGES TO C		ID DIRECTOR	₹S IN 12
TITLE	D		DELETE	1.1 TITLE				***************************************	Change	Addition
NAME	CARTER, RICHARD			1.2 NAME	1					ĺ
STREET AL				1.3 STREET	ADDRESS					
CHY-SI-	ZIP WEST PALM BEAC	H FL 33461	<u> </u>	1.4 CITY-S	T-ZIP		- <u></u>			
TITLE			☐ DELETE	2.1 TITLE					Change	Addition
NAME DECEMBE	201105			2.2 NAME	ADDOFOG					[
STREET AS COLY+SI-				2.3 STREET 2.4 CITY-5				*.		]
THLE	ZIF		DELETE	3.1 TITLE	51 - ZIP				Change	Addition
NAME				3.2 NAME	-				دي دريس	- Addition
STREET AD	DORESS			3.3 STREET	ADDRESS					ł
CHY-SI-	1			3.4. CITY - 5						
THEF			☐ DELETE	41 TITLE					Change	Addition
hANć				4.2 NAME	1					ļ
STREET AL	DDRESS			4.3 STREET	ADDRESS					]
CITY-ST-	ZIP			4.4 CiTY~\$	T-ZIP					
THEF			DELETE	5.1 TITLE			-		Change	Addition
NAME				5.2 NAME	Į					}
STHEEL AS	OORLSS			53 STREET	ADDRESS					)
CHY-SI-	71P			5.4 CITY-S	T-21P				- <del> </del>	
THILE			☐ DELETE	6.1 TITLE	- 1				Change	Addition

14. I do 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 chapted, or on an extended with an address.

64 CITY-ST-ZIP

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS CHY-S1-Z-P

**FILED** 

Apr 18 1997 8:00am

Secretary of State