## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550,00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## 1999

11	MENT # P950000 ERPRISES, INC	057757		01-28-1999 90008 029 *** .	
Principal Plac	e of Business	. Mailing Address	<del></del> .		(8884 88911 18 <b>8</b> 4) (888) 8491) (884)
Principal Place of Business Mailing Address  1500 BEVILLE ROAD 1500 BEVILLE ROAD SUITE 606-241 SUITE 606-241					
DAYTONA BEACH FL 32114-5644 DAYTONA BEACH FL 32114-5			5644	DO NOT WRITE IN T	HIS SPACE
<b>5</b> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			,	3. Date Incorporated or Qualifed	
				07/26/1995	,
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21				59-3332603	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional	
22 27			3. Contracto di Canada Dourse	Fee Required	
		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip	Country	Zip	Country	<del></del>	Added to Fees
24	25	<b>├─</b> ŋ '	30	<ol> <li>This corporation owes the current year</li> <li>Personal Property Tax.</li> </ol>	r intangible
	9. Name and Address of Current	<del></del>		10. Name and Address of New Registe	
81 Name					
ALDEN, GLEN					
723 BUENA VISTA AVE				ress (P.O. Box Number is Not Acceptable)	·
ORMOND BCH FL 32174					
			-	the state of the s	
	•	•	84 City		EL 85 Zip Code 7
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					
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.					
SIGNATURE				,	
	Signature, typed or printed name of registered agent		Registered Agent signature require		
12.	OFFICERS AND	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	VTSM	LI DECE IS	1.1 TITLE	· · · · · ·	☐ Change ☐ Addition
NAME	ALDEN, GLEN		1.2 NAME	•	
STREET ADDRESS	723 BUENA VISTA AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	ORMOND BCH FL	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		☐ Change ☐ Addition
	ALDEN, LEIGH	- Deterio	2.2 NAME	•	
NAME STREET ADDRESS	723 BUENA VISTA AVE		2.2 NAME 2.3 STREET ADDRESS	`	
	ORMOND BEACH FL				* }
CITY-ST-ZIP	ONWORD BEACHTE	☐ DELETE	2.4 CITY-ST-ZIP	<del></del>	☐ 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		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP	\[\frac{1}{2}\frac{1}{2}\]	•	5.4 CITY-ST-ZIP	•	
TITLE	Take 18 A	☐ DELETE	6.1 TITLE .		☐ Change ☐ Addition
*****			62 NAME		

14. 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, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

**FILED** 

Jan 28, 1999 8:00am

**Secretary of State**