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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of Sta **DIVISION OF CORPORATIONS**

DOCUMENT # P95000069920 (3)

PLUS ENTERPRISES, INC.

Mailing Address

Principal Place of Business 1908 MARION DRIVE SOUTH

1308 MARION DRIVE SOUTH

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SECRETARY UP STATE . TALLAHASSEE, FLORIDA



SOUTH PASADENA FL 33707		SOUTH PASADENA FL 33707-3821							
	_					3. Date Incorporated or Qualified 09/12/1995		e of Last I 5/1996	Report
2. Principal P	tace of Business	2e. Mailing Address 26			4. FEI Number APPLIED FOR 59 - 3337 998 Applied For Not Applicable				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional equired	
City & Stat	θ	City & State	·			Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip 24	Country 25	Zip 29	30 Cot	intry		 This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No 			
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
, MEANS, CECIL D				81	Name				
1308 MARION DRIVE SOUTH SOUTH PASADENA FL 33707				82	Street Add	ress (P.O. Box Number is Not Acceptab	le)		
•	THE POPULATION OF THE POPULATI			83					
	•			84	City		FL	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. SIGNATURE									
Signature, typed or printed name of registered agent and life if applicable (NOTE Re				requistered Agent signature require			DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFIC			
TITLE	D	☐ DELETE	1.1 TI	TLE				Change	1
NAME	BROWN, BARRY		1.2 NAME			2000022	500)82·	9
STREET ADDRESS	3100 GULF BLVD.	1,3 \$		1.3 STREET ADDRESS		-07/29/9			
CITY-ST-ZIP	BELLEAIR BEACH FL 34635		1.4 CI	1.4 CITY - ST- ZIP		***550	.00	****5	50.00
TITLE	D DELETE MEANS, CECIL D		2.1 10	2.1 TITLE			Į	Change	Addition
NAME			2.2 N/	AME					
STREET ADDRESS	1308 MARION DRIVE SOUTH		2.3 S1	REET	ADDRESS	••			
CITY-ST-ZIP	SOUTH PASADENA FL 33707	2. 4 C		T-ZIP					
TITLE	D DELETE			TLE			ı	Change	Addition
NAME	PATEL, PRAVINKUMAR			3.2 NAME					
STREET ADORESS	2165-56TH STREET NORTH				ADDRESS				
CITY-ST-ZIP	ST. PETERSBURG FL 33710			3.4. CITY-ST-ZIP				10.	
TITLE	DELETE			4.1 TITLE			l	Change	Addition
NAME .				4. 2 NAME					
STREET ADDRESS	×			4.3 STREET ADDRESS					
CITY-ST-ZIP	Delete			4.4 CITY - ST - ZIP			-		
TITLE		☐ DELETE			-		l	Change	Addition
NAME			5.2 NAN						
STREET ADDRESS	<u> </u>				ADDRESS				
CITY-ST-ZIP	DELETE			5.4 CITY+ST-ZIP 6.1 TITLE			1	1 6	6 (2000)
TITLE	DELETE DELETE					,	M	Change	Addition
NAME	1			6.2 NAME		/1	(11/	1	
STREET ADDRESS	iśs 177			6 3 STREET ADDRESS		(1)	dX/		
CITY-ST-ZIP				TY-ST	- ZIP		1		

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 eath; 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.