

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000069920

1. Corporation Name

PLUS ENTERPRISES, INC.

Principal Place of Business

1308 MARION DRIVE SOUTH
SOUTH PASADENA FL 33707

Mailing Address

1308 MARION DRIVE SOUTH
SOUTH PASADENA FL 33707

FILED
Mar 25, 1999 8:00 am
Secretary of State

03-25-1999 90047 024 ***158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/12/1995

4. FEI Number

59-3337998

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 3100 Gulf Blvd.

2a. Mailing Address

26 3100 Gulf Blvd.

Suite, Apt. #, etc.

22 #233

Suite, Apt. #, etc.

27 #233

City & State

23 Belleair Beach, Fl.

City & State

28 Belleair Beach, Fl.

Zip Country

24 33786 25 Pinellas

Zip Country

29 33786 30 Pinellas

9. Name and Address of Current Registered Agent

MEANS, CECIL D
1308 MARION DRIVE SOUTH
SOUTH PASADENA FL 33707

10. Name and Address of New Registered Agent

81 Name
Janice K. Embrey

82 Street Address (P.O. Box Number is Not Acceptable)
3100 Gulf Blvd.

83 #233

84 City
Belleair Beach

FL 85 Zip Code
33786

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 *Janice K. Embrey*

Janice K. Embrey

3-22-89

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE
NAME D
STREET ADDRESS BROWN, BARRY
CITY-ST-ZIP 3100 GULF BLVD.
BELLEAIR BEACH FL 34635

TITLE ☒ DELETE
NAME D
STREET ADDRESS MEANS, CECIL D
CITY-ST-ZIP 1308 MARION DRIVE SOUTH
SOUTH PASADENA FL 33707

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D/P/T/S
1.2 NAME Janice K. Embrey
1.3 STREET ADDRESS 3100 Gulf Blvd., #233
1.4 CITY-ST-ZIP Belleair Beach, FL. 33786 ☐ Change ☒ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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.

SIGNATURE: *Janice K. Embrey* Janice K. Embrey

Date

Daytime Phone #

727-5964765

CR2E034 (1/98)