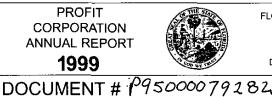
## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Katherine Harris 🦏 🛰 🚬

Secretary of State DIVISION OF CORPORATIONS

1999

May 04, 1999 8:00 am Secretary of State

05-04-1999 90068 002 \*\*\*158.75

EN	IPAT, Inc.								
Principal Place of Business  3/65 HILLIERE CT 3/65 HILLIERE  Melbourne, Fl 32934 Melbourne, Fl				934	DO NOT WRI	TE IN THIS	SPACE		
					10/12/1995				
2. Principal Place o		2a. Mailing Address	1 .		4. FEI Number		Ар	plied For	
21 3/65 14	126jand Ct	26 3/65 Hillia	AC C	1	59-3341938			t Applicable	
Suite, Apt. #, etc		Suite, Apt. #, etc.			5. Certifcate of Status Desired		\$8.75 A Fee Re		
City & State City & State  23 Melbourise, FL 28 Melbourise,					Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip 24 32934	Country 25 USA	zip 29 32934 3	Count		This corporation owes the curre     Personal Property Tax.	ent year Inta		□No	
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
NoiTa	Ke Frederic W	<i>i</i> ,	8	1 Name					
Neitzke, Frederic W. 3165 Hilliand CT				82 Street Address (P.O. Box Number is Not Acceptable)					
Melbo	unne, FC 32934		8	3					
			8	4 City		FL	85 Zip C	ode	
office or register		f Florida. Such change was auth	horized t	y the corpor	corporation submits this statement for the ration's board of directors. I hereby accep				
SIGNATURE	<del></del>							}	
Signatui 12.	re, typed or printed name of registered agent OFFICERS AND		egistered A	ent signature rec	quired when reinstating)  ADDITIONS/CHANGES TO OFF	DATE	DIDECTO	DC IN 12	
	AC TO	DCI CTC	1.1 TITLE		ADDITIONS/CHANGES TO OFF	TOERS AND	Change	Addition	
NAME \	leitzile, Freder 165 Hilliand	icu	1.2 NAM				☐ Change	·	
STREET ADDRESS 3	165 HILL land	<u>-1</u>	1.3 STRE	ET ADDRESS					
OTV ST 7ID   A	10/ hours NO. FG 3	32934	1.4 CITY	CT 7ID					

☐ DELETE Change ☐ Addition 2.1 TITLE TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP ☐ DELETE TITLE 3.1 TITLE ☐ Change ☐ Addition 3.2 NAME ---STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE Change ☐ Addition 4,1 TITLE TITLE 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP ☐ DELETE Change Addition 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE Change ☐ Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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 of an address, with all other like empowered.

64 CITY-ST-ZIP

SIGNATURE: FIZEBENIC W Neitz14 FW Men

CiTY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

 $\ddot{\circ}$