FILED May 08, 1999 8:00 am Secretary of State

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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

,	1999	DIVISION OF CO	UKPUKA	HONS		05-08-1999 9006	12 030 130.	<i>,</i>	
i. Corporation	MENT # P95000 NTERPRISES, INC.	084084					or adia. Inc. dist. dist.	15111 S151 (651	
Principal Place	e of Business	Mailing Address			-	L 1881/881 IIA IBIAL BITLI ABIII BAIII BAI		(BIF) WIDI 1881	
2604 97TH ST. EAST 2604 97TH ST. EAST									
PALMETTO FL 34221 PALMETTO FL 34221						DO NOT WIDITE IN	LTUIS SDACE		
						DO NOT WRITE IN 3. Date Incorporated or Qualified	THIS SPACE		
						10/30/1995			
2 Principal Pl	lace of Business	2a. Mailing Address			-	4. FEI Number	Ap	olied For	
2. Principal Place of Business 2a. Mailing Address 25						59-3348762		Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					\$8.75	dditional	
22		27				5. Certifcate of Status Desired	Fee Re	quired	
City & State	e	City & State				6. Election Campaign Financing	\$5.00		
23		28				Trust Fund Contribution	Added t	o Fees	
Zip	Country Zip Co			try		8. This corporation owes the current y	ear Intangible ☐ Yes	□No	
24	25		30			Personal Property Tax. 10. Name and Address of New Regis			
	9. Name and Address of Curren	n Registered Agent	8	31 Na	ne	To. Harrie and Addiess of New Acigns	to, our rigorit		
MATHEWS, W. LANIER II									
2604 97TH ST. EAST PALMETTO FL 34221			8	82 Street Address (P.O. Box Number is Not Acceptable)					
			8	33					
							0F 7in (\	
			8	34 City	/		FL 85 Zip C	ode	
l office or n	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was au	inorizea c	oy the c	ed corpo orporation	oration submits this statement for the purp n's board of directors. I hereby accept the	ose of changing its appointment as re	registered gistered	
SIGNATURE									
	Signature, typed or printed name of registered ager		Registered A	gent signa	ure required	(when reinstating) D. ADDITIONS/CHANGES TO OFFICE	DS AND DIRECTO	RS IN 12	
12.	PVD OFFICERS AN	ID DIRECTORS	1.1 TITLE			ADDITIONS/CHANGES TO OTTICE	Change	Addition	
TITLE NAME	MATHEWS, II W. LANIER		1.2 NAM				_ ,		
STREET ADDRESS	2604 97TH STREET EAST			~ EET ADDR	-ss				
CITY-ST-ZIP	PALMETTO FL		1.4 CITY						
TITLE	STD	C per ere							
NAME		☐ DEŁETE	2.1 TITLE				Change	Addition	
	WALKER, CHARLES	[] DEFEIF	2.1 TITLS 2.2 NAM	E	WA	lker, charles	(X) Change	☐ Addition	
STREET ADDRESS	WALKER, CHARLES 23204 73RD AVENUE E	[_] DECE IE	2.2 NAM	E	WA	ikel Charles 30 C Carlton Arms Circle	⊠ Change	Addition	
STREET ADDRESS CITY-ST-ZIP			2.2 NAM 2.3 STRE	E IE	WA ESS 123 BR	ikel charles 30 c carlton Arms circle Abenton, k 34208	2	· ·	
	23204 73RD AVENUE E	☐ DELETE	2.2 NAM 2.3 STRE	E IE EET ADDR Y-ST-ZIP	WA 123 BR	nker charles 30 l carlton arms circle Adenton, k 34208	Change	Addition Addition	
CITY-ST-ZIP	23204 73RD AVENUE E		2.2 NAM 2.3 STRE 2.4 CITY	E IE EET ADDR Y-ST-ZIP E	WA ESS 12: BR	nker, charles 30 l carlton Arms circle Adenton, r. 34208	2	· ·	
CITY-ST-ZIP	23204 73RD AVENUE E		2.2 NAM 2.3 STRI 2. 4 CITY 3.1 TITLE 3.2 NAM	E IE EET ADDR Y-ST-ZIP E		nker charles 30 c carlton arms circle Adenton, h. 34208	2	· ·	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	23204 73RD AVENUE E	☐ DELETE	2.2 NAM 2.3 STRI 2.4 CITY 3.1 TITLI 3.2 NAM 3.3 STRI 3.4. CITY	E EET ADDR Y-ST-ZIP E EET ADDR		nker, charles 30 l carlton arms circle Adenton, r. 34208	Change	☐ Addition	
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CITY-ST-ZIP 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 changely, or on an attachment with an address, with all other like empowered.

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ DELETE

302.2220

Change

Addition

CR2E034 (11/98)