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

FILED Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90016 016 ***158.75

| DOCUMENT # | P95000087907 |
|------------|--------------|
|------------|--------------|

| 1. Corporation Name ENTERPRISE NETWORKS, IN Principal Place of Business | Mailing Address | | | | | |
|--|---|--|--------------------|--|--|--|
| 16115 SW 117TH AVENUE. SUITE 25A MIAMI FL 33177 | 16115 SW 117TH AVENUE. SU MIAMI FL 33177 | 16115 SW 117TH AVENUE. SUITE 25A MIAMI FL 33177 | | | | |
| | | | | 3. Date Incorporated or Qualifed 11/14/1995 | | |
| Principal Place of Business The Principal Place of Business | 2a. Mailing Address | | | 4. FEI Number 65-0618060 | | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | *** | 5. Certifcate of Status Desired | | |
| City & State | City & State | | | 6. Election Campaign Financing Trust Fund Contribution | | |
| Zip Country 24 25 | Zip 29 36 | Country 30 | | This corporation owes the current y Personal Property Tax. | | |
| | of Current Registered Agent | | | 10. Name and Address of New Regis | | |
| ABERCROMBIE, WRAY | SUITE 25A | 81 | Name Street Add | ress (P.O. Box Number is Not Acceptable) | | |

Applied For Not Applicable

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

□No

| DO NO | T WRITE | IN THIS | SPACE |
|-------|---------|---------|-------|

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

| 1011 | S SW 11/11 AVENUE, SUITE ZSA | - | 1 | | | | | | <u>. </u> |
|----------------|--|---------|----------------|---|--|--|--------------------|----------------------|--|
| MIAM | II FL 33177 | 83 | T | | | | | | |
| | | <u></u> | _ | | | | 85 | Zip Co | |
| | • | 84 | 6 | City | | FL | 00 | zip Co | 1 |
| office or re | to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the egistered agent, or both, in the State of Florida. Such change was authorize in familiar with, and accept the obligations of, Section 607.0505, Florida Sta | ea by | the | amed corporation subn corporation's board of | nits this statement for directors. I hereby | or the purpose of c accept the appoint | hangir ment | g its re as regis | gistered tered |
| SIGNATURE | Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registen | d Age | nt sigi | nature required when reinstating | 1) | DATE | | | |
| 12. | OFFICERS AND DIRECTORS 13 | | | . ADDIT | ONS/CHANGES T | O OFFICERS AND | DIRE | CTOR | S IN 12 |
| TITLE | PD DELETE 1.1 | TITLE | | | | | Cha | inge | Addition |
| NAME | ABERCROMBIE, WRAY | NAME | | | | | | | |
| STREET ADDRESS | The second secon | STREE | TADO | DRESS | | | | | |
| CITY-ST-ZIP | | CITY-S | T-ZIF | Р | | | | | |
| TITLE | VD □ DELETE 2.1 | TITLE | | | | | ☐ Cha | inge | ☐ Addition |
| NAME | ABERCROMBIE, KAREN 22 | NAME | | | | | | | |
| STREET ADDRESS | | STREE | TADE | DRESS | | | | | Į |
| CITY-\$T-ZIP | MIAMI FL 2.4 | CITY-S | ST-ZI | IP | | | | | |
| TITLE | ☐ DELETE 3.1 | TITLE | | | | | Cha | inge _ | Addition |
| ÑAME | 32 | NAME | | | | | | | |
| STREET ADDRESS | 3.3 | STREE | TADE | DRESS | | | | | |
| CITY-ST-ZIP | | CITY- | ST-ZI | IP | | | | | |
| TITLE | ☐ DELETE 4.1 | TITLE | | | | | ☐ Chi | inge | Addition |
| NAME | 4.2 | NAME | | | | | | | |
| STREET ADDRESS | 4.3 | STREE | T ADI | DRESS | | | | | |
| CITY-ST-ZIP | | CITY-S | ST-ZIF | P | | | | | |
| TITLE | | TITLE | | | | | Cha | inge | ☐ Addition |
| NAME | 5.2 | NAME | | | | | | | |
| STREET ADDRESS | 5.3 | STREE | TADO | ORESS | | | | | |
| CITY-ST-ZIP | | CITY-S | ST-ZIF | Р | | | | | |
| TITLE | ☐ DELETE 6.1 | TITLE | | j | | | Cha | inge | Addition |
| NAME | 6.2 | NAME | | | | • | | | į |
| STREET ADDRESS | 6.3 | STREE | T ADI | DRESS | | | | | |
| CITY-ST-ZIP | ■ - | CITY-S | | - | | *(*** | | | |
| 14. I hereby o | certify that the information supplied with this filing does not qualify for the exponents annual report or supplemental annual report is true and accurate an | empt | tion at m | stated in Section 119.0 signature shall have |)7(3)(i), Florida Stat the same legal effe | tutes. I further certi ct as if made unde | ty that r oath; | the infe that I a | ormation m an |

indicated on this annual report of supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under oath, that if 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: