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**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

#### **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

### 1999

## DOCUMENT # POSOCORRACT

Principal Place of Business	
5692 JASON LEE PL	

# FILED Apr 29, 1999 8:00 am Secretary of State 04-29-1999 90223 019 \*\*\*150.00

1. Corporation	Name P 95000	1000 <del>1</del> 01							
•	TERPRISES INC.								
DIAIW EIA	TEM MOLO INO.						<b>.</b> 1115 <b>63</b> 191 11	11 <b>0</b> 1 (114) 114	111 <b>11</b> 111 1 <b>11</b> 1 1 <b>11</b> 1
Principal Place	of Rusiness	Mailing Address				-{	OUEL OPIEL II	IIMI AMEII AR	EŞI ODILE IDDI IDBI
•		5692 JASON LEE PL							
5692 JASON LEE PL SARASOTA FL 34233 SARASOTA FL 34233						1			
US US						DO NOT WRITE	IN THIS S	SPACE	
						3. Date Incorporated or Qualifed			
	,					11/17/1995		1-1	
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		<u> </u>	Applied For
21		26				65-0620846			Not Applicable Additional
Suite, Apt. #, etc.						5. Certifcate of Status Desired [	]		Required
City & State		27 Clty & State	~~		والمتحدث تبريت	6. Election Campaign Financing			O May Be
23	5	28				Trust Fund Contribution	]		d to Fees
Zip	Country	Zip.	Co	untry		8. This corporation owes the current	year Inta	ngible	
24	[25]	29	30			Personal Property Tax.		Yes	□No
	9. Name and Address of Currer	<del></del>	,			10. Name and Address of New Reg	stered A	gent	
		ŧ		81	Name	•			
	AMS, BRIAN M.			82	Street Addre	ess (P.O. Box Number is Not Acceptable	) .		
	CLEMATIS ST.					1. 1. 2.			
SAR	ASOTA FL 34239			83					
				84	City			85 Zi	p Code
	tración x				•		<u>FL</u>	1 1	
affina ar e	internal accept or both in the State	i of Elorida. Such chango was a	u ifh^ri70	M DV II	-named como	oration submits this statement for the pur n's board of directors. I hereby accept the	pose of c re appoin	hanging tment as	its registered registered
Office of the	m familiar with, and accept the obliga	- " Conda. Oden enange was a	dilloneo		no conpension				•
agent. 1 ai	m tamiliar with, and accept the obliga	ations of, Section 607.0505, Fig	inga Sia	iutes.					<b>Y</b>
SIGNATURE					····		DATE		
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE	Registere	d Agent	signature required		DATE ERS ANI	D DIREC	
SIGNATURE	Signature, typed or printed name of registered age OFFICERS AN	ent and title if applicable. (NOTE	: Registere	Agent	signature required	when reinstating) ADDITIONS/CHANGES TO OFFICE		DIREC Chang	
SIGNATURE 12. TITLE	Signature, typed or printed name of registered age OFFICERS AND	ent and title if applicable. (NOTE	Registered	d Agent	signature required				
SIGNATURE  12. TITLE NAME	Signature, typed of printed name of registered age OFFICERS AN D ABRAMS, BRIAN M	ent and title if applicable. (NOTE	13. 1.1 T 1.2 N	Agent					
SIGNATURE  12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AN D ABRAMS, BRIAN M 2182 CLEMATIS ST	ent and title if applicable. (NOTE	13. 1.1 T 1.2 N	Agent TITLE NAME	ADDRESS				
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed of printed name of registered age OFFICERS AN D ABRAMS, BRIAN M	ent and title if applicable. (NOTE	13. 1.1 T 1.2 N 1.3 S 1.4 C	Agent	ADDRESS				e
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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 changes, or pn an attachment with an address, with all other like empowered.