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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000095541 (5)

FILED Mar 26 1998 8:00am Secretary of State

	S ENTERPRISES, INC.				
Principal Plac	e of Business	Mailing Address		1 (48)(18) (18 (3)(8) (4)(1) (6)(1) (4)(1) (4)(1)	81 81181 81111 81 3 81 1181 1841
2944 WERWC		2944 WERWOOD CT.			
WELLINGTON FL 33414 WELLINGTON FL 33414			DO NOT WRITE IN THIS	SPACE	
				3. Date Incorporated or Qualified	OF NOE
				12/18/1995	
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0629682	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Stat	e	City & State		Election Campaign Financing	\$5.00 May Be
23		28	<u></u>	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the cur	
24	25 9. Name and Address of Cur	rent Registered Agent	30	Personal Property Tax due June 30. 10. Name and Address of New Registered	Yes No
CI/	ORE, CARLOS	- Commission of Albert	81 Name	10, Haile alle regress of team helistelan	
	44 WERWOOD CT.				
	ELLINGTON FL 33414		82 Street Ad	dress (P.O. Box Number is Not Acceptable)	
176	ELLINGTON TE 33414		83		
					· · · · · · · · · · · · · · · · · · ·
			84 City	FL	85 Zip Code
11, Pursuant office or r	to the provisions of Sections 607.0 registered agent, or both, in the St	0502 and 607.1508, Florida Stat uale of Florida. Such change was	utes, the above-named co authorized by the corpor	rporation submits this statement for the purpose of ation's board of directors. I hereby accept the app	changing its registered cointment as registered
	ин шатынат with, апо ассерт тог ос	digations of, Section 607. 0505 , F	lorida Statutes.		
agent. I a SIGNATURE	Signature, typed or printed name of registered		lorida Statutes. PTE: Registered Agent signature rec		
	Signature, typed or printed frame of registered				· · · · · · · · · · · · · · · · · · ·
SIGNATURE	Signature, typed or printed harve of registered OFFICERS /	agent and title if applicable (NC	PTE: Registered Agent signature rec	guired when reinstatin g) DATE	· · · · · · · · · · · · · · · · · · ·
SIGNATURE	Signature, typed or printed name of registured OFFICERS / P FIORE, CARLOS	agent and fitte if applicable (NC	TE: Registered Agent signature rec	guired when reinstatin g) DATE	D DIRECTORS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of registered OFFICERS / P FIORE, CARLOS 2944 WERWOOD CT.	agent and fitte if applicable (NC	13.	guired when reinstatin g) DATE	D DIRECTORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registured OFFICERS / P FIORE, CARLOS	agori and tric if applicable (NC AND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME	guired when reinstatin g) DATE	D DIRECTORS IN 12 Change Addition
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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 changed, or on an attachment with a address.

CIGNIATUDE:

Bull Vices

3/22/98