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

May 10, 1999 8:00 am Secretary of State

05-10-1999 90054 017 ***150.00

i. Corporation	MENT # P96000 TERNATIONAL ENTERPRISE							
Principal Place		Mailing Address 3139 HYDE PARK DRI	ΨE	_	11001007 110 1111 0011 0011 0011			
CLEARWATER FL 34021 CLEARWATER FL 34021			NE SAUE	5)	DO NOT WRITE IN THIS SPACE			
1651	SALO KEY ESTLY	65 CT, #68	ر		3. Date Incorporated or Qualifed	SPACE		
ClEL	- WATER PL 3	3767			01/02/1996			
	lace of Business	2a. Mailing Address			4. FEI Number	<i>,</i>	Applied For	
21		26			59-3352589	1	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc	•		5. Certifcate of Status Desired	•	Additional	
2		27			5. Certificate of Status Desireo	Fee F	Required	
City & Stat	e	City & State			6. Election Campaign Financing		May Be	
23		28			Trust Fund Contribution		to Fees	
Zip	Country	Zip	Country		8. This corporation owes the current year Int	tangible ☐ Yes	□No	
24	9. Name and Address of Curren	29	30		Personal Property Tax. 10. Name and Address of New Registered			
	9. Name and Address of Curren	it Registered Agent	81 1	Name	10. Hallo alla Madioso of How Moglicus			
BARDWELL, WILLIAM E -3139 HYDE PARK DRIVE 16 51 SALD Kay ESTET. CLEARWATER FL 34821 C-1 #68 C-1 & LEVELTER, FL 33767				Street Addr	ress (P.O. Box Number is Not Acceptable)			
QCE.	~ /	T = 68	83				·	
	C-162	LULTER, FL	7 84	City	FL	85 Zip	p Code	
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obligation and the provision of the provision of the provision of the provisions of the provision	2 and 607.1508, Florida S of Florida. Such change w tions of, Section 607.0505	Statutes, the above-notes authorized by the statutes. Florida Statutes.	e corporation	oration submits this statement for the purpose of on's board of directors. I hereby accept the appoint when reinstating DATE	changing i	ts registered registered	
12.	Signature, typed or printed name of registered age	ID DIRECTORS	(NOTE: Registered Agent sit	gnature require	ADDITIONS/CHANGES TO OFFICERS AF	ND DIRECT	FORS IN 12	
TITLE	D	DELET			7,0011,0110,0141110000000000000000000000	Change		
NAME	DADDWIELL MALLIANE	LUAME				-		
STREET ADDRESS	MAG LIVE DADIC DODGE - 125		1.3 STREET AC	DRESS)	
CTY+ST-ZIP	CLEARWATER FL 34621	About		IP				
TITLE		☐ DELE1	E 2.1 TITLE			Change	e Addition	
NAME			2.2 NAME					
STREET ADDRESS			2.3 STREET AC	DRESS			ì	
CITY-ST-ZIP			2.4 CITY-\$T-Z	dP .				
TITLE		☐ DELET	Έ 3.1 TITLE			Change	e 🔲 Addition	
NAME			3.2 NAME	i			{	
STREET ADDRESS	}		3.3 STREET AD	DRESS				
CITY-ST-ZIP			3.4. CITY-ST-Z	ZIP .				
TITLE		☐ DELET	E 4.1 TITLE			☐ Change	e 🗌 Addition	
NAME			4. 2 NAME	ĺ				
STREET ADORESS			4.3 STREET AC	DORESS]	
CITY-ST-ZIP			4.4 CITY-ST-Z	IP			Addition	
TITLE		☐ DELET	1			☐ Change	e 🗌 Addition	
NAME			5.2 NAME	DDE05				
STREET ADDRESS	1		5.3 STREET AD	1]	
CITY-ST-ZIP			5.4 CITY-ST-Z	112		Change	e Addition	
TITLE		☐ DELET	6.2 NAME				, Tynnigon	
NAME	{		1	DDEED			Į	
STREET ANDRESS	i		6.3 STREET AD	NUKE22			1	

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 changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CR2E034 (11/98)