COR ANNU	PROFIT PORATION JAL REPORT <b>1997</b>	Sa Sa	A DEPARTMENT OF STATE Indra B. Mortham Secretary of State DN OF CORPORATIONS		Jul 31 19 Secreta		
	MENT # <b>P9(</b> . Enterprises inc	6000010577	<b>(0)</b>	* * * *			
1101 SE 15 A	e of Business AVE SEACH FL 33441	Mailing Addross 1101 SE 15 AVE DEERFIELD BEA	•		DO NOT WRITE IN THIS SPACE.		
					02/02/1996		
	lace of Business	28. Mailing Addre	DSS	4.	65-0632235		plied For It Applicable
1 Suite, Apt. #, etc. 2		· · · · ·	Suite, Apt. #, etc.		<b>5.</b> Certificate of Status Desired       Status Desired       \$8,75 Additional Fee Required		
City & State	0	City & State 28		6	Election Campaign Financing Trust Fund Contribution	\$5.00 Added t	
Zip	Country	7ıp <b>29</b>	Country 30	8	<ul> <li>This corporation owes or has paid Personal Property Tax due June 30</li> </ul>		angible No
'l		of Current Registered Agent		10	Name and Address of New Regis		
			83				
office or r	registered soont or both in	s 607.0502 and 607.1508, Floric the State of Florida. Such chan the obligations of, Section 607.6	on was authorized by the c	ed corporation's	on submits this statement for the pur board of directors. I hereby accept t	FL	Code s registered registered
office or re agent. I a	registered soont or both in	the State of Florida. Such chan the obligations of, Section 607.4	da Statutes, the above name go was authorized by the c 0505, Florida Statutes. (NOTE Registered Agents gua	orporation's	board of directors. Thereby accept t	FL	s registered registered
office or ra agent. I a SIGNATURE 2.	egistered agont, or both, in im familiar with, and accept Signature, typed or printed name of re OFF IC	the State of Florida. Such chan the obligations of, Section 607.0 ngistered agent and the It applicable CERS AND DIRECTORS	da Statutes, the above name go was authorized by the c 0505, Florida Statutes. (NOTC: Registered Agentis gna 13.	orporation's	board of directors. Thereby accept t	FL       I         pose of changing it         he appointment as         DATE         RS AND DIRECTOR	s regislered registered RS IN 12
office or re agent. 1 a SIGNATURE 2. ITLE IAME TREET ADDRESS	egistered agont, or both, in im familiar with, and accept Signature, typed or printed name of re OFFIC D TILLEY, PAUL 1101 SE 15 AVE	the State of Florida. Such chan the obligations of, Section 607.0 spistered agent and the II applicable CERS AND DIRECTORS	a Statutes, the above-name go was authorized by the c 0505, Florida Statutes. (NOTE Registered Agentisgue <b>13.</b> LETE <b>1.1</b> TILF 1.2 NAME 1.3 STREE1 ADDRES	orporation's	board of directors. Thereby accept t	FL	s registered registered
office or r agent. 1 a SIGNATURE 12. 12. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14	egistered agont, or both, in im familiar with, and accept Signature, typed or printed name of re OFF IC D TILLEY, PAUL	the State of Florida. Such chan the obligations of, Section 607.0 spistered agent and the II applicable CERS AND DIRECTORS	3a Statutes, the above-name go was authorized by the c 0505, Florida Statutes. (NOTE: Registered Agent's gra- <b>13.</b> LETE 11 TITLF 12 NAME 1.3 STREE1 ADDRES 1.4 CITY-SI-ZIP LETE 2.1 TITLE 2.2 NAME	orporation's	board of directors. Thereby accept t	FL       I         pose of changing it         he appointment as         DATE         RS AND DIRECTOR	s regislered registered RS IN 12
office or r agent. 1 a siGNATURE 2. ITLE AME TREET ADDRESS ITY-SY-ZIP ITLE AME TREET ADDRESS	egistered agont, or both, in im familiar with, and accept Signature, typed or printed name of re OFFIC D TILLEY, PAUL 1101 SE 15 AVE	the State of Florida. Such chan the obligations of, Section 607.0 ngistered agent and the It applicable CERS AND DIRECTORS	da Statutes, the above-name go was authorized by the c 0505, Florida Statutes. (NOTE: Registered Agent signa 13. LETE 11 TITLE 1.2 NAME 1.3 STREE1 ADDRES 1.4 CITY-SL-ZIP LETE 2.1 TITLE	orporation's	board of directors. Thereby accept t	FL                 pose of changing it         the appointment as         CATE         RS AND DIRECTOR         Change	s registered registered
office or r agent. 1 a siGNATURE 2. ITLE AME TREET ADDRESS ITY-ST-ZIP ITLE AME TREET ADDRESS ITY-ST-ZIP ITLE	egistered agont, or both, in im familiar with, and accept Signature, typed or printed name of re OFFIC D TILLEY, PAUL 1101 SE 15 AVE	the State of Florida. Such chan the obligations of, Section 607.0 ngistered agent and the It applicable CERS AND DIRECTORS	3a Statutes, the above-name go was authorized by the c 0505, Florida Statutes. (NOTE: Registered Agentis gra- <b>13.</b> LETE 11 TITLF 12 NAME 1.3 STREE1 ADDHES 1.4 CITY-S1-ZIP LETE 2.1 TITLE 2.3 STREE1 ADDRES 2. 4 CITY-S1-ZIP	orporation's	board of directors. Thereby accept t	FL                 pose of changing it         the appointment as         CATE         RS AND DIRECTOR         Change	s registered registered
office or r agent. 1 a IGNATURE 2. TLE AME TREET ADDRESS ITY-ST-ZIP TLE AME TREET ADDRESS ITY-ST-ZIP TLE AME TREET ADDRESS	egistered agont, or both, in im familiar with, and accept Signature, typed or printed name of re OFFIC D TILLEY, PAUL 1101 SE 15 AVE	the State of Florida. Such chan the obligations of, Section 607.0 cgistered agent and the Papplicable CERS AND DIRECTORS	A Statutes, the above-name go was authorized by the C GSO5, Florida Statutes. (NOTE: Registered Agentisgia <b>13.</b> LETE 1.1 TITLF 1.2 NAME 1.3 STREEL ADDRES 1.4 CITY-SL-ZIP LETE 2.1 TITLE 2.2 NAME 2.3 STREEL ADDRES 2.4 CITY-SL-ZIP LETE 3.1 TITLE 3.2 NAME 3.3 STREEL ADDRES	sporation's	board of directors. Thereby accept t	FL	s registered registered RS IN 12 Addition
office or r agent. 1 a siGNATURE 2. ITLE AME TREET ADDRESS ITY-ST-ZIP ITLE AME TREET ADDRESS ITY-ST-ZIP ITLE AME TREET ADDRESS ITY-ST-ZIP	egistered agont, or both, in im familiar with, and accept Signature, typed or printed name of re OFFIC D TILLEY, PAUL 1101 SE 15 AVE	the State of Florida. Such chan the obligations of, Section 607.0 cgistered agent and the Papplicable CERS AND DIRECTORS	A Statutes, the above-name go was authorized by the C 0505, Florida Statutes. (NOTE: Registered Agent's gra- <b>13.</b> LETE 1.1 TITLF 1.2 NAME 1.3 STREET ADDRES 1.4 CITY-ST-ZIP LETE 2.1 TITLE 2.2 NAME 2.3 STREET ADDRES 2.4 CITY-ST-ZIP LETE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRES 3.4 CITY-ST-ZIP	sporation's	board of directors. Thereby accept t	FL	s registered registered RS IN 12 Addition
office or r agent. 1 ai iIGNATURE 2. ITLE AME TREET ADDRESS ITY-ST-ZIP ITLE AME TREET ADDRESS ITY-ST-ZIP ITLE AME TREET ADDRESS ITY-ST-ZIP ITLE AME	egistered agont, or both, in im familiar with, and accept Signature, typed or printed name of re OFFIC D TILLEY, PAUL 1101 SE 15 AVE	the State of Florida. Such chan the obligations of, Section 607.0 registered agent and the Papplicable CERS AND DIRECTORS FL 33441 DE DE	A Statutes, the above-name go was authorized by the C OSOS, Florida Statutes. (NOTE: Registered Agont signa <b>13.</b> LETE <b>1.1</b> TITLF <b>1.2</b> NAME <b>1.3</b> STREE1 ADDRES <b>1.4</b> CITY-SL-ZIP LETE <b>2.1</b> TITLE <b>2.3</b> STREE1 ADDRES <b>2.4</b> CITY-SL-ZIP LETE <b>3.1</b> TITLE <b>3.2</b> NAME <b>3.3</b> STREET ADDRES <b>3.4</b> CITY-SL-ZIP LETE <b>3.1</b> TITLE <b>3.1</b> STREET ADDRES <b>3.4</b> CITY-SL-ZIP	s	board of directors. Thereby accept t	FL       Image: Change of Change of Change of Change         DATE       Image of Change         CATE       Image of Change         Image of Change       Image of Change         Image of Change       Image of Change	s registered registered S IN 12 Addition Addition
office or r agent. 1 a IGNATURE 2. TLE AME IREET ADDRESS ITY-ST-ZIP TLE AME IREET ADDRESS ITY-ST-ZIP TLE AME IREET ADDRESS ITY-ST-ZIP TLE AME IREET ADDRESS	egistered agont, or both, in im familiar with, and accept Signature, typed or printed name of re OFFIC D TILLEY, PAUL 1101 SE 15 AVE	the State of Florida. Such chan the obligations of, Section 607.0 registered agent and the Papplicable CERS AND DIRECTORS FL 33441 DE DE	A Statutes, the above-name go was authorized by the C OSOS, Florida Statutes. (NOTE: Registered Agent s gna 13, 14 CITY-SI-7/P LETE 1.1 TITLF 12 NAME 1.3 STREE1 ADDHES 1.4 CITY-SI-7/P LETE 2.1 TITLE 2.3 STREE1 ADDHES 2.4 CITY-SI-7/P LETE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRES 3.4 CITY-SI-7/P LETE 4.1 DITLF 4.2 NAME 4.3 STREET ADDRES	s	board of directors. Thereby accept t	FL       Image: Change of Change of Change of Change         DATE       Image of Change         CATE       Image of Change         Image of Change       Image of Change         Image of Change       Image of Change	s registered registered S IN 12 Addition Addition
office or r agent. 1 a IGNATURE 2. TLE AME IREET ADDRESS ITY-ST-ZIP TLE AME IREET ADDRESS ITY-ST-ZIP TLE AME TLE AME TLE AME TLE AME TLE AME TLE AME TLE AME TLE AME	egistered agont, or both, in im familiar with, and accept Signature, typed or printed name of re OFFIC D TILLEY, PAUL 1101 SE 15 AVE	the State of Florida. Such chan the obligations of, Section 607.0 registered agent and the Papplicable CERS AND DIRECTORS FL 33441 DE DE	Ja Štatutes, the above-name go was authorized by the C GSO5, Florida Statutes. (NOTE: Registered Agentis gna <b>13.</b> LETE 1.1 TITLF 1.2 NAME 1.3 STREE1 ADDRES 1.4 CITY-SI-ZIP LETE 2.1 TITLE 2.2 NAME 2.3 STREE1 ADDRES 2.4 CITY-SI-ZIP LETE 3.1 TITLE 3.2 NAME 3.3 STREE1 ADDRES 3.4 CITY-SI-ZIP LETE 4.1 DTLF 4.2 NAME 4.3 STREET ADDRES 3.4 CITY-SI-ZIP	s	board of directors. Thereby accept t	FL       Image: Change of Change of Change of Change         DATE       Image of Change         CATE       Image of Change         Image of Change       Image of Change         Image of Change       Image of Change	s registered registered S IN 12 Addition Addition
office or r agent. 1 a IGNATURE 2. IGNATURE 2. IREET ADDRESS TY-ST-ZIP TLE IREET ADDRESS TY-ST-ZIP TLE IREET ADDRESS TY-ST-ZIP TLE IREET ADDRESS TY-ST-ZIP TLE AME IREET ADDRESS TY-ST-ZIP TLE AME	egistered agont, or both, in im familiar with, and accept Signature, typed or printed name of re OFFIC D TILLEY, PAUL 1101 SE 15 AVE	the State of Fiorida. Such chan the obligations of, Section 607.0 registered agent and the if applicable CERS AND DIRECTORS DE FL 33441 DE DE DE	A Statutes, the above-name go was authorized by the C OSOS, Florida Statutes. (NOTE: Registered Agent signa <b>13.</b> LETE <b>1.1</b> TITLF <b>1.2</b> NAME <b>1.3</b> STREE1 ADDHES <b>1.4</b> CITY-SI-7IP LETE <b>2.1</b> TITLE <b>2.3</b> STREE1 ADDHES <b>2.4</b> CITY-SI-7IP LETE <b>3.1</b> TITLE <b>3.2</b> NAME <b>3.3</b> STREET ADDRES <b>3.4</b> CITY-SI-7IP LETE <b>4.1</b> TITLE <b>4.2</b> NAME <b>4.3</b> STREET ADDRES <b>4.4</b> CITY-SI-7IP LETE <b>5.1</b> IITLE <b>5.2</b> NAME	s	board of directors. Thereby accept t	FL       Image: Contemporating it is appointment as         DATE       Image: Contemporating it is appointment as         CATE       Image: Contemporating it is appointment as         Image: Change       Image: Contemporating it is appointment as         Image: Change       Image: Change         Image: Change       Image: Change         Image: Change       Image: Change	s registered registered S IN 12 Addition Addition Addition
office or r agent. 1 a SIGNATURE 2. Inte AME TREET ADDRESS ITY-ST-ZIP ITLE IAME TREET ADDRESS ITY-ST-ZIP ITLE IAME TREET ADDRESS ITY-ST-ZIP ITLE IAME TREET ADDRESS ITY-ST-ZIP ITLE IAME STREET ADDRESS	egistered agont, or both, in im familiar with, and accept Signature, typed or printed name of re OFFIC D TILLEY, PAUL 1101 SE 15 AVE	the State of Fiorida. Such chan the obligations of, Section 607.0 registered agent and the if applicable CERS AND DIRECTORS DE FL 33441 DE DE DE	A Statutes, the above-name go was authorized by the C OSOS, Florida Statutes. (NOTE: Registered Agent signa <b>13.</b> LETE <b>1.1</b> TITLE <b>1.2</b> NAME <b>1.3</b> STREE1 ADDRES <b>1.4</b> CITY-SI-7/P LETE <b>2.1</b> TITLE <b>2.3</b> STREE1 ADDRES <b>2.4</b> CITY-SI-7/P LETE <b>3.1</b> TITLE <b>3.2</b> NAME <b>3.3</b> STREET ADDRES <b>3.4</b> CITY-SI-7/P LETE <b>4.1</b> TITLE <b>4.2</b> NAME <b>4.2</b> STAREET ADDRES <b>4.4</b> CITY-SI-7/P LETE <b>5.1</b> TITLE <b>5.3</b> STREET ADDRES	s	board of directors. Thereby accept t	FL       Image: Contemporating it is appointment as         DATE       Image: Contemporating it is appointment as         CATE       Image: Contemporating it is appointment as         Image: Change       Image: Contemporating it is appointment as         Image: Change       Image: Change         Image: Change       Image: Change         Image: Change       Image: Change	s registered registered S IN 12 Addition Addition Addition
office or r agent. 1 a SIGNATURE 2. Inte IAME TREET ADDRESS ITY-ST-ZIP ITLE IAME ITREET ADDRESS ITY-ST-ZIP ITLE IAME STREET ADDRESS SITY-ST-ZIP ITLE IAME STREET ADDRESS SITY-ST-ZIP ITLE IAME STREET ADDRESS SITY-ST-ZIP	egistered agont, or both, in im familiar with, and accept Signature, typed or printed name of re OFFIC D TILLEY, PAUL 1101 SE 15 AVE	the State of Fiorida. Such chan the obligations of, Section 607.0 registered agent and the if applicable CERS AND DIRECTORS DE FL 33441 DE DE DE	A Statutes, the above-name go was authorized by the C OSOS, Florida Statutes. (NOTE: Registered Agent signa <b>13.</b> LETE <b>1.1</b> TITLF <b>1.2</b> NAME <b>1.3</b> STREE1 ADDHES <b>1.4</b> CITY-SI-7/P LETE <b>2.1</b> TITLE <b>2.1</b> AME <b>2.3</b> STREE1 ADDHES <b>2.4</b> CITY-SI-7/P LETE <b>3.1</b> TITLE <b>3.2</b> NAME <b>3.3</b> STREET ADDHES <b>3.4</b> CITY-SI-7/P LETE <b>4.1</b> DITLE <b>4.2</b> NAME <b>4.3</b> STREET ADDHES <b>4.4</b> CITY-SI-7/P LETE <b>5.1</b> NITLE <b>5.2</b> NAME <b>5.3</b> STREET ADDHES <b>5.4</b> CITY-SI-7/P	s	board of directors. Thereby accept t	FL       Image: Contemporating it is appointment as         DATE       Image: Contemporating it is appointment as         CATE       Image: Contemporating it is appointment as         Image: Change       Image: Contemporating it is appointment as         Image: Change       Image: Change         Image: Change       Image: Change         Image: Change       Image: Change	s registered registered S IN 12 Addition Addition Addition
office or r agent. 1 a SIGNATURE 2. Inte IAME TREET ADDRESS ITY-ST-ZIP ITTE IAME ITREET ADDRESS ITY-ST-ZIP ITTE IAME ITREET ADDRESS SITY-ST-ZIP ITTE IAME STREET ADDRESS SITY-ST-ZIP ITTE IAME STREET ADDRESS SITY-ST-ZIP ITTE IAME	egistered agont, or both, in im familiar with, and accept Signature, typed or printed name of re OFFIC D TILLEY, PAUL 1101 SE 15 AVE	the State of Florida. Such chan the obligations of, Section 607.0 cgistered agent and the Papplicable CERS AND DIRECTORS	A Statutes, the above-name go was authorized by the C OSOS, Florida Statutes. (NOTE: Registered Agentisgna 13, LETE 1.1 TITLF 1.2 NAME 1.3 STREET ADDRES 1.4 CITY-SI-ZIP LETE 2.1 TITLE 2.2 NAME 2.3 STREET ADDRES 2.4 CITY-SI-ZIP LETE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRES 3.4 CITY-SI-ZIP LETE 4.1 DITLF 4.2 NAME 4.3 STREET ADDRES 3.4 CITY-SI-ZIP LETE 5.1 NITLE 5.2 NAME 5.3 STREET ADDRES 5.4 CITY-SI-ZIP LETE 5.1 NITLE 5.2 NAME 5.3 STREET ADDRES 5.4 CITY-SI-ZIP LETE 6.1 TITLE 6.1 TITLE 6.2 NAME	ine inquied whe	board of directors. Thereby accept t	FL       Image: Second se	s registered registered S IN 12 Addition Addition
office or r agent. 1 a SIGNATURE 12. 17. 17. 17. 17. 17. 17. 17. 17. 17. 17	egistered agont, or both, in im familiar with, and accept Signature, typed or printed name of re OFFIC D TILLEY, PAUL 1101 SE 15 AVE	the State of Florida. Such chan the obligations of, Section 607.0 cgistered agent and the Papplicable CERS AND DIRECTORS	A Statutes, the above-name go was authorized by the C OSOS, Florida Statutes. (NOTE: Registered Agent's gna 13. LETE 1.1 TILF 1.2 NAME 1.3 STREE1 ADDRES 1.4 CITY-SI-ZIP LETE 2.1 TILE 2.2 NAME 2.3 STREE1 ADDRES 2.4 CITY-SI-ZIP LETE 3.1 TILE 3.2 NAME 3.3 STREE1 ADDRES 3.4 CITY-SI-ZIP LETE 4.1 DITLE 4.2 NAME 4.3 STREET ADDRES 3.4 CITY-SI-ZIP LETE 5.1 IILE 5.2 NAME 5.3 STREET ADDRES 5.4 CITY-SI-ZIP LETE 5.1 TILE 5.1 TILE 5.1 TILE 5.1 TILE 5.1 TILE 5.1 TILE 5.1 TILE 5.1 TILE	ine inquied whe	board of directors. Thereby accept t	FL       Image: Second se	s registered registered S IN 12 Addition Addition