PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 21, 1999 8:00 am Secretary of State 04-21-1999 90021 050 ***150.00

DOCUMENT #	D00000010170
DOCOMENT #	P96000018170
Corporation Name	1 00000010110

	ENTERPRISES, CORPORAT	FION	•		
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Principal Plac	e of Business	Mailing Address			it marte erade i nem irati i naus ante inne-bed
9808 N.W. 8099	LAVENUE, BAY L	6435 SW 116TH PL			
MIAMI FL 3301	6 Χ — 7 (STE #D		DO NOT WRITE IN	TUP COACC
		MIAMI FL 33173		3. Date Incorporated or Qualifed	THIS SPACE
	'	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		02/26/1996	
During E	Many of Business	2a. Mailing Address		4. FEI Number	Applied For
<u></u>	Place of Business .	J		65-0651360	Not Applicable
21	# 010	Suite, Apt. #, etc.			\$8.75 Additional
Suite, Apt.	#, etc.	27		5. Certificate of Status Desired	Fee Required
City & Stat	te .	City & State		5. Election Campaign Financing	\$5.00 May Be
23	·	28	نين دريد در	Trust Fund Contribution	Added to Fees
Zlo	Country	Zip	Country	g. This corporation owes the current ye	sar Intangible
24	25	29 3	io	Personal Property Tax.	□Yes □No
	9. Name and Address of Current			10. Name and Address of New Regist	tered Agent
			81 Name		, ,
	OTT, FRANKLYN R		82 Street Atk	dress IP.O. Box Namber is Not Acceptable)	
9808	3 N.W. 80TH AVENUE, BAY L		us public Age	Teen to Control Anish of Man was in the	
MIAN	VII FL 33016		83		
		•	84 City		85 75p Gods
	•		1		
11. Pursuant	to the provisions of Sections 607,0502	and 607.1508, Florida Statutes	, the above-named cor	poration submits this statement for the purportion's board of directors. I hereby accept the	ose of changing its registered
office or r	registered agent, or both, in the State of	of Florida. Such change was aut tons of Section 607:0305. Eleric	nonzeo by the corporal la Statutes.	tion 5 board of directors, I nereby accept the	appointment as registered
					1
SIGNATURE	Signature, typed or printed name of registered injent	t and title if applicable. (NOTE: R	agistered Agent signature requi		NTE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICE	
TITLE	PT	□ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME .	ABBOTT, FRANKLYN R.		1.2 NAME		
STREET ADDRESS					
	6435 S.W. 116 PL APT. D		1.3 STREET ADDRESS		-
CITY-ST-ZIP	6435 S.W. 116 PL APT. D MIAMI FL		1.4 C/TY-ST-ZIP		Share Dadition
CITY-\$T-ZIP	1	☐ DELETE			☐ Change ☐ Addition
	MIAMI FL VP ABBOTT, ILEANA H.	☐ OELETE	1.4 C/TY-ST-ZIP		Change Addition
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are and that my signature shall have the same legal effect as if made under cain; that I am all pct to this report as required by Chapter 607, Florida Statutes; and that my name appears in other like empowered.

SIGNATURE: _