FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000025189 (7)

NR ENTERPRISES, INC.

FILED May 06 1998 8:00am Secretary of State



Principal Place of Business Mailing Address								
8813 LADRIDO LANE P.O. BOX 692073 ORLANDO FL 32836 ORLANDO FL 32869								
						DO NOT WRITE IN THIS SPACE		
						 Date Incorporated or Qualified 03/18/1996 		
2. Principal Place of Business 21 4345 S & Co Crante 26 26						4. FEI Number 59-3372188	Applied For Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc			lc.			¢o	.75 Additional	
22 47 22 27 27 City & State City & State						5. Certificate of Status Desired L. F	ee Required	
es Orlando FLORIDA [28]							pany was a second	
Zip	Zip Country Zip			Country		8. This corporation owes or has paid the current ye		
<u> 24 328.</u>		29	30			Personal Property Tax due June 30. Yes		
	g. Name and Address of Current	Registered Agent			ı .	10. Name and Address of New Registered Agent		
	NSTIEL, JOHN E			81	Name			
8813 LADRIDO LANE Orlando Fl 33836				82	Street Add	ddress (P.O. Box Number is Not Acceptable)		
				83				
				84	City	FL B5	Zip Code	
11. Pursuant to the provisions of Sections 607.05.02 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or hoth, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.								
SIGNATURE Signature, typod or pented name of registered agent and title if typor able (NOTE Registered Agent signature required whom reinstating) DATE								
12.	OFFICERS AND		13.	u ngr	in aignatore req.	ADDITIONS/CHANGES TO OFFICERS AND DIRE	CTORS IN 12	
TITLE	P DELETE 1.11		TLF	—— <u>—</u>	CI			
NAME	MANOTICI IOUN E		AME					
STREET ADDRESS	9040 LADDIDO LANE				ADDRESS			
CITY-ST-ZIP	ODI ANDO EL 2002				51-2IP			
TITLE	B DELETE 2.17				<u></u> C1	nange Addition		
NAME	ALAMOTICI ASCUNDA I		22 N			·		
STREET ADDRESS	BOAG LADDIDO LAND		. I	2.3 STREET ADDRESS				
CITY-ST-ZIP	ADIANDO EL 20020			2.4 CITY-ST-ZIP		,		
TITLE	DELETE			3 1 TITLE		☐ CI	nange Addition	
NAME			3.2 N	AME				
STREET ADDRESS			3.3 S	FREET	ADDRESS			
CITY-ST-ZIP			3.4. 0	HY-S	ST-ZIP			
TITLE		DELETE	4.1]	TLE		CI CI	nange	
NAME			. 4.21	IAME				
STREET ADDRESS			4.3 S	TREET	ADDRESS			
CITY-ST-ZIP			4.4 0	TY-S	IT-ZIP			
TITLE		☐ DELET€	5.1 7	TLE		CI	nange	
NAME			5.2 N	AME				
STREET ADDRESS			5.3 S	TREET	ADDRESS			
CITY-ST-ZIP					iT-ZIP			
TITLE		☐ DELETE	6.1 T	TLF		<u></u> □ α	nange 🔲 Addition	
NAME			6.2 N	AME				
STREET ADDRESS			6.3\$	TREET	ADDRESS			
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·			T-ZIP			
14. I hereby o	ertify that the information supplied wit	this filing does not qualify	for the ex-	emp	tion stated in	in Section 119.07(3)(i), Florida Statutes. I further certify the	at the information	

4. 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 frustee 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.