

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

FILED
Feb 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000028586 (1)

1. Corporation Name

FLAGSHIP ENTERPRISES, INC.

Principal Place of Business

3210 DADE AVE.
ORLANDO FL 32804
US

Mailing Address

3210 DADE AVE.
ORLANDO FL 32804
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/02/1996

4. FEI Number

59-3379312

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution



\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible

Personal Property Tax due June 30.



Yes



No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SANDERLIN, JO ANNE
~~715 VASSAR STREET~~
ORLANDO FL 32804

3210 Dade Ave

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	SANDERLIN, W.M.	
STREET ADDRESS	3210 DADE AVE.	
CITY-ST-ZIP	ORLANDO FL	

1.1 TITLE	V. President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Sanderlin, W.M.	
1.3 STREET ADDRESS	3210 Dade Ave.	
1.4 CITY-ST-ZIP	Orlando, FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	SANDERLIN, JO ANNE	
STREET ADDRESS	3210 DADE AVE.	
CITY-ST-ZIP	ORLANDO FL	

2.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Sanderlin, JoAnne	
2.3 STREET ADDRESS	3210 Dade Ave.	
2.4 CITY-ST-ZIP	Orlando FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	SANDERLIN, JACQUELINE	
STREET ADDRESS	3210 DADE AVE.	
CITY-ST-ZIP	ORLANDO FL	

3.1 TITLE	V. President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Sanderlin, Jacqueline	
3.3 STREET ADDRESS	3210 Dade Ave.	
3.4 CITY-ST-ZIP	Orlando, FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

4.1 TITLE	V. President, Asst. Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Jo Squillante, Judy	
4.3 STREET ADDRESS	3210 Dade Ave.	
4.4 CITY-ST-ZIP	Orlando, FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

5.1 TITLE	Secretary - Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Pepper, Marilyn W.	
5.3 STREET ADDRESS	3210 Dade Ave.	
5.4 CITY-ST-ZIP	Orlando, FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 attachment with an address.

SIGNATURE

John Sanderlin

2-4-98

CR2E034 (10/97)