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 # P96000028874 (1)

ENGAGE ENTERPRISES, INCORPORATED

Principal Place of Business Mailing Address 5001 HAYWOOD RUFFIN RD 5001 HAYWOOD RUFFIN RD.

FILED Apr 28 1998 8:00am Secretary of State



ST. CLOUD FL 34771		\$	ST. CLOUD FL 34771				DO NOT WRITE IN THIS SPACE				
							3. Date Incorporated or Qualified 03/28/1996				
2. Principal Place of Business			2a. Mailing Address 26				4. FEI Number 59-3371689	Applied For Not Applicable			
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State			City & State				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip 4	Country 25	29	Ζφ	30 Coul	ntry		This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.				
Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent					
CARDAMA, CARLOS A 5001 HAYWOOD RUFFIN RD. ST. CLOUD FL 34771					81	Name					
					B2	Street Address (P.O. Box Number is Not Acceptable)					
				Ţ	83	-					
					84	City	FL	85 Zip Code			
							pration submits this statement for the purpose of				

SIGNATURE	Signature, typed or printed name of registered agent and title if a	ppticable (NOI	F Registered Agent signature requi	ired when reinstating) DATE		
12.	OFFICERS AND DIRECT		13.	ADDITIONS/CHANGES TO OFFICERS AN	DIRECTOR	S IN 12
TITLE	PO	DELETE	1.1 TITLE		Change	Addition
NAME	CARDAMA, CARLOS A		1.2 NAME			
STREET ADDRESS	5001 HAYWOOD RUFFIN RD.		1.3 STREET ADDRESS			
CITY-ST-ZIP	ST. CLOUD FL 34771		1.4 CITY-ST-ZIP			
TITLE	VO	DELETE	2.1 TITLE		Change	Addition
NAME	Cardama, Myriam G		2.2 NAME	•		
STREET ADDRESS	5001 HAYWOOD RUFFIN RD.		2.3 STREET ADDRESS			
CITY-ST-ZIP	ST. CLOUD FL 34771		2. 4 CITY - ST - ZIP			
TITLE		DELETE	3.1 TITLE		Change	Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY+ST-ZIP			_
TITLE		☐ DELETE	4.1 TITLE		Change	Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		DELETE	5.1 TITLE		Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		DELETE	6.1 TITLE		Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
A.T			0.10(D) 07 mp			

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 compration 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 chapter 607, an an attachment with an address.

Cardama