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

Mailing Address

6719 WINKLER ROAD **SUITE 121**

FORT MYERS FL 33919

2a. Mailing Address

City & State

Suite, Apt. #, etc.

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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

Country

DOCUMENT # P9600033741

Principal Place of Business 6719 WINKLER ROAD

2. Principal Place of Business

FORT MYERS FL 33919

Suite, Apt. #, etc.

City & State

SUITE 121

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ENTERPRISE VENTURES, INC.

8. This corporation owes the current year Intangible Zip \square No 30 Personal Property Tax. 24 25 29 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 LUMSDEN, DENNIS J Street Address (P.O. Box Number is Not Acceptable) 82 **6719 WINKLER ROAD** SUITE 121 83 FORT MYERS FL 33919 Zip Code 84 85 City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 ☐ Change DELETE 1.1 TITLE TITLE ANDRUS, EDWARD R 1.2 NAME NAME 4821 S LANDINGS DR #303 STREET ADDRESS 1.3 STREET ADDRESS FT MYERS FL 33919 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change ['] Addition **VPTD** 2.1 TITLE TITLE ANDRUS, PATRICIA 2.2 NAME NAME 4821 \$ LANDINGS DR #303 2.3 STREET ADDRESS STREET ADDRESS FT MYERS FL 33915 2. 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change DELETE 3.1 TITLE **VPSD** TITLE TAYLOR, LYNNE C 3.2 NAME NAME 6966 OVERLOOK DR 3.3 STREET ADDRESS STREET ADDRESS FT MYERS FL 33919 3.4. CITY-ST-ZIP CITY-ST-ZIP □ DELETE Addition ☐ Change 41 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change DELETE 5.1 TITLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP

Country

FILED Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90061 014 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

04/17/1996 4. FEI Number

65-0665089

Applied For Not Applicable

\$5.00 May Be Added to Fees

\$8.75 Additional

Fee Required

CR2E034 (11/98)

CITY-ST-ZIP Addition ☐ DELETE 6.1 TITLE ☐ Change 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 an attachment with an address, with all other like empowered. SIGNATURE: