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	E NOW: FILING FEE	AFIER MAT 13115	4000.00	, A	
	PROFIT RPORATION UAL REPORT 1999	FLORIDA DEPAR Katherin Secretary DIVISION OF CO	of State	50 40A - 3 - 03 0: 00	
DOCUMENT # P96000035119				\$1000 中省主流统。2 9月 1990 日暮日本文	
	INTERPRISES OF ST. PETE	RSBURG. INC.			
				A AMORINAR ING ARIAN ORANI ARANI ARIAN	A DUNCH GUNCH DIRAK KAKA KAKI TARI
	·····				
1	co of Business	Mailing Address	WEAT	01-25 99 90020 Ubl	
GLADES BLDG		877 EXECUTIVE CENTER DR. WEST GLADES BLDG. 87E, 303			
6T. PETERSBU	IRG FL 33702	ST. PETERSBURG FL 33702		DO NOT WRITE IN THIS 3. Date Incorporated or Qualified	SPACE
				04/23/1996	
— '	Place of Business	2a. Malling Address		4. FEI Number	Applied For
Suite, Apt.	# etc	Suite, Apt #, elc.		59-3424721	Not Applicable
22	· 4, 4 	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stell	le	Chy & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year in	tangible
24	9. Name and Address of Curre		<u>o[</u>	Personal Property Tex. 10. Name and Address of New Registered	☐Yes ☑No
		It traditioned widelit	81 Name	ty. Jeems and Adoless of Haw Itagestales	- Baire
	CARA, ERNEST L		52 Street /	Address (P.O. Box Number is Not Acceptable)	
	EXECUTIVE CENTER DR. WEST DES BLOG., STE. 303				
ST.	PETERSBURG FL 33702		83		
İ			84 City	FI	85 Zip Code
11. Pursuani office or i	to the provisions of Sections 607.050 registered agent, or both, in the State	2 end 607.1508, Florida Statutes of Florida, Such change was self-	, the above-named of horized by the corporate to the corp	corporation submits this statement for the purpose of pration's board of directors. I heroby accept the appoi	changing its registered niment as registered
SIGNATURE	intraminar with she goody the opige	mona di, saciion dor. 4505, i ione	o Sisiotes.		
	Signature, typed or priviled name of registered age		ngisieres Ageni signatura re		
12.	PVST OFFICERS AN	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	O DIRECTORS IN 12 Change Addition
NAME	CUYLENBURG, WILHELMUS V		1.2 NAME		
STREET ADDRESS	9046 4TH STREET NORTH		1,3 STREET ADDRESS		
CITY-BIT-ZIP	ST. PETERSBURG FL 33702	6 1	1A CITY-ST-ZIP		
TITLE		☐ DELETE	21 TIRE		Change Addition
STREET ADDRESS			2.2 NAME 2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-BY-ZIP		
MILE		DELETE	3.1 TiTLE		☐ Change ☐ Addition
HAVE			32 NAME		
STREET ADDRESS CITY-ST-ZIP			3.3 STREET ADDRESS 3.4. CITY-67-ZIP		
TITLE	<u> </u>	DELETE	4.1 TITLE		Change Addition
MANE			4.2 NAME		
STREET ADDRESS			43 STREET ADDRESS		
01Y-31-2⊅ 700 s		DELETE	4.4 CTY-6T-ZIP		F164444
TITLE NAME		□ pereie	S1 TITLE		☐ Change ☐ Addition
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-\$1-21P			54 CITY-ST-21P		
TITLE		☐ DELETE	6.1 TITLE		Onenge Addition
NAME AVDREY ADDRESS			62 NAME		War Clar
GTREET ADDRESS CITY-ST-ZIP			6.3 STREET ADORESS 6.4 CITY-BT-ZIP		in the

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 Statistics I further certify that the information indicated on this annual report or suppliemental 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 an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPEO OR PERFITED NAME OF BIGINERO OFFICER OR DIRECTOR

149199 727 576 1369