

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

FILED  
Apr 24 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>	 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000035409 (7)**

1. Corporation Name  
**NINETEEN FORTY ONE ENTERPRISES, INC.**



Principal Place of Business <b>510 BUTTONWOOD LANE BOYTON BEACH FL 33436</b>	Mailing Address <b>510 BUTTONWOOD LANE BOYTON BEACH FL 33436-7123</b>
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3. Date Incorporated or Qualified <b>04/23/1996</b>	3a. Date of Last Report
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2. Principal Place of Business 21 <b>DBA PAK MAIL</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>DBA PAK MAIL</b> Suite, Apt. #, etc.	4. FEI Number <b>65-0661301</b>	Applied For <input type="checkbox"/> Not Applicable
22 <b>11782 DE FEDERAL HWY</b> City & State	27 <b>11782 SE FEDERAL HWY</b> City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23 <b>HOBE SOUND, FLORIDA</b> Zip Country	28 <b>HOBE SOUND, FLORIDA</b> Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24 <b>33455</b>	25 <b>NARTIN</b>	29 <b>33455</b>	30 <b>MARTIN</b>

9. Name and Address of Current Registered Agent

**AMERILAWYER CHARTERED  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PTD</b>	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WEISE, RUTH ANN</b>	12 NAME	
STREET ADDRESS	<b>510 BUTTONWOOD LANE</b>	13 STREET ADDRESS	
CITY-ST-ZIP	<b>BOYTON BEACH FL 33436</b>	14 CITY-ST-ZIP	
TITLE	<b>VSD</b>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SELTZER, STEPHEN H</b>	2.2 NAME	
STREET ADDRESS	<b>510 BUTTONWOOD LANE</b>	2.3 STREET ADDRESS	<b>77 Vista Del Rio</b>
CITY-ST-ZIP	<b>BOYTON BEACH FL 33436</b>	2.4 CITY-ST-ZIP	<b>Boyton Beach FL 33424</b>
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 an attachment with an address.

SIGNATURE: *Ruth Ann Weise* **RUTH ANN WEISE** 4/1/97 (561) 546-4222

CR2E034 (9/96)