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

CORPORATION ANNUAL REPORT

1998



## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000035409 (7) DOCUMENT #

NINETEEN FORTY ONE ENTERPRISES, INC.

## **FILED** Feb 09 1998 8:00am Secretary of State



Principal Place of Business Mailing Address							1 91311 01911 0	######################################	
DBA PAK MAIL DBA PAK MAIL									
11782 SEFE		117782 SE FEDERAL HWY				DO MOT WORT IN THE OR OF			
HOBE SOUND FL 33455 US HOBE SOUND FL 33455 US						DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualified			
						04/23/1996			
<del>-</del>	Place of Business	2a. Mailing Address				4. FEI Number		Applied For	
21		26				65-0661301		Not Applicable	
Suite, Apt. #, etc. 22 11782 S.E. FEDERAL HWY		Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & Stat	e	City & State				6. Election Campaign Financing \$5.00 May Be			
23		28				Trust Fund Contribution Added to Fees			
Zip	Country	Zip Country		′	8. This corporation owes or has paid the current year intangible				
24	25	29	30			Personal Property Tax due June 30. Yes No			
484	9. Name and Address of Current	Hegistered Agent		81	Name	10. Name and Address of New Registered	Agent		
	ERILAWYER CHARTERED			61	Name				
1	3 ALMERIA AVENUE PRAL GABLES FL 33134		82 Street Addr		Street Addre	ess (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	DIRECTO	BS IN 12	
TITLE	PTD DELETE			1.1 TITLE			Change		
NAME	Weise, Ruth ann		1.2 N	AME			_ •	_ [;	
STREET ADDRESS	510 BUTTONWOOD LANE				ADDRESS				
CITY-ST-ZIP	BOYTON BEACH FL 33436		1.4 CITY-ST-ZIP						
TITLE	VSD			2.1 TITLE			Change	Addition	
NAME	SELTZER, STEPHEN H		2.2 N/			•			
STREET ADDRESS	77 VISTA DEL RIO				ADDRESS	, i t sette.			
CITY-ST-ZIP	BOYTON BEACH FL								
TITLE				2. 4 CITY-ST-ZIP 3.1 TITLE			Change	Addition	
NAME	_ Section			3.2 NAME		•			
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP	"			3.3 STREET ADDRESS 3.4. CITY-ST-ZIP					
TITLE		DELETE	4.1 TITLE		1-212		Change	Addition	
NAME			4.1 III.E			•	Change	☐ Addition	
I			1						
STREET ADDRESS					address				
CITY-ST-ZIP		☐ DELETE	4.4 CITY - S		- ZIP		10	- Address	
TITLE		L Vettic	5.1 TITLE 5.2 NAME				Change	☐ Addition	
NAME									
STREET ADDRESS					ADDRESS				
CITY - ST - ZIP		D Drugge	5.4 CI		- ZIP				
TITLE		☐ DELETE	6.1 117		-	i	Change	☐ Addition	
NAME			6,2 NA	ME					
STREET ADDRESS			6.3 ST	reet a	ADDRESS				
City-St-ZiP		****	6.4 CI	TY-ST	- ZIP				

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 on the leceveryor 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 changes, or or an attachment with an address.

SIGNATURE: