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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000038312 (0)

SIRIUS ENTERPRISES, INC.

Principal Place of Business Mailing Address 3100 SOUTH OCEAN BOULEVARD, UNIT 708 3100 SOUTH OCEAN BOULEVARD. UNIT 708

FILED Jan 14 1997 8:00am Secretary of State



HIGHLAND BEACH FL 33487		HIGHLAND BEACH FL 33487-2583								
						3. Date Incorporated or Qualified 05/02/1996	3a , Da	te of La	st Report	İ
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number		<u></u>	Applied	For
21		26							Not App	plicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			75 Additi e Require	
City & Stat	ic .	Crty & State 28			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees				
Zip	Country	Zip	Coun	try		8. This corporation has liability for	intangible	tax uno	ers. 199	.032,
24	25	29	30				Yes [···	
	9. Name and Address of Curr	rent Registered Agent				10. Name and Address of New Re	gistered a	Agent		
AME	ERILAWYER CHARTERED		18	31 1	Vame					
343	ALMERIA AVENUE		E	12 5	Street Add	fress (P.O. Box Number is Not Acceptate	oleì			
COF	RAL GABLES FL 33134			~] `						
			8	13						
				34 (City			85	Zip Code	
			"	' "	JILY		FL	80	zip Code	3
office or r	to the provisions of Sections 607 0 registered agent, or both, in the St im familiar with, and accept the ob	ate of Florida. Such change was a	authorized	by th	amed cor le corpora	poration submits this statement for the pation's board of directors. I hereby acceptions	ourpose of pt the app	changi ointmer	ng its reg t as regis	jistered stered
SIGNATURE.	Signature, typed or protect name of trig stored	agent and tale hamplicable (NOI	F: Registered	Agent s	signature requ	zired when reinstating)	DATE			
12.		AND DIRECTORS	13.		*	ADDITIONS/CHANGES TO OFFIC	CERS AND	DIREC	TORS IN	12
TITLE	PD	DELETE	1.1 TITL	E				Cha		Additio
NAME	WILLIAMS, JAMES G		1.2 NAM	16	Ì					
STREET ADDRESS	3100 SOUTH OCEAN BOUL	EVARD, UNIT 708	1.3 STRI	FET AD	DRESS					
CITY-ST-ZIP	HIGHLAND BEACH FL 3348		1.4 CITY		i i					
TITLE	STD	DELETE	2.1 TITU					Cha	nge	Additio
NAME	WILLIAMS, ALICE HEARD	_	2.2 NAM	IF.					_	
STREET ADDRESS	3100 SOUTH OCEAN BOUL	EVARD. UNIT 708	2.3 STRI		ORESS					
CITY - ST-ZIP	HIGHLAND BEACH FL 3348		2. 4 CIT		· · · · · · · · · · · · · · · · · · ·				-	
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STREET ADDRESS			4.3 STRI		OBESS					
CITY-ST-ZIP			4.4 City							
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NAME .			5 2 NAM		1					
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CITY-\$1-7/2			5.4 CITY							
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NAME			6.2 NAM					٠١٠٠ ســـ	اب دو	
STREET ADDRESS	1		6.3 STR	_	NDECC					
STREET ADDRESS			6.3 STM							
THEY ST. 7ID			■ K / CITV	(21)						

14. I do hereby certily that the information supplied with this filling 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name