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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000038312

1. Corporation Name

SIRIUS ENTERPRISES, INC.

						<u> </u>		11 819 1181 1 88 1
Principal Place	of Business	Mailing Address						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
3100 SOUTH OCEAN BOULEVARD. UNIT 708 3100 SOUTH OCEAN BOULE								
HIGHLAND BEACH FL 33487 HIGHLAND BEACH FL 3348					}	DO NOT WRITE IN TH	IC CDACE	
					-	3. Date Incorporated or Qualifed	IS SPACE	1
						05/02/1996		
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	Ap	plied For
21 26						NOT APPLICABLE	<u> </u>	t Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.	uite, Apt. #, etc.				\$8.75 A	
22	.,	27	27			5. Certificate of Status Desired	Fee Re	quired
City & State	9	City & State				6, Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution	Added to	o Fees
Zip	Country	Zip	Country	/		8. This corporation owes the current year	ntangible	_,
24	25 29 30					Personal Property Tax.		ŒNo.
	9. Name and Address of Curr	ent Registered Agent				Name and Address of New Registere	d Agent	
***	DIL AUGUED OLIADTEDED		81	Name	e			
AMERILAWYER CHARTERED			82	Street Address (P.O. Box Number is Not Acceptable)				
343 ALMERIA AVENUE						<u> </u>		
CORAL GABLES FL 33134				83				
				City	FL 85 Zip Code			
44 👨	to the continue of Continue 607.01	E02 and 607 1509 Elorida Statutor	e the abou	(a. nama	nd corporal	tion submits this statement for the purpose		registered
office or to	to the provisions or Sections 607.03 egistered agent, or both, in the Stat m familiar with, and accept the obli	e of Florida. Such change was aut	thorized by	≀tne cor	rporation's	board of directors. I hereby accept the app	ointment as reg	gistered
SIGNATURE								
Signature, typed or printed name of registered agent and title if applicable. (NOTE: I				nt signatur	re required who			DO 111 40
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	Addition
TITLE	PD DELETE		1.1 TITLE				Change	[] Addition
NAME	WILLIAMS, JAMES G			1.2 NAME				
STREET ADDRESS 3100 SOUTH OCEAN BOULEVARD, UNIT 708			1.3 STREE	1.3 STREET ADDRESS				
CITY-ST-ZIP	HIGHLAND BEACH FL 33487			1,4 CITY-ST-ZIP		 	Change	Addition
TITLE	STD DELETE			2.1 TITLE			☐ Criange	Addition
NAME	WILLIAMS, ALICE HEARD			2.2 NAME				1
STREET ADDRESS 3100 SOUTH OCEAN BOULEVARD, UNIT 708				2.3 STREET ADDRESS				
CITY-ST-ZIP				2. 4 CITY-ST-ZIP			☐ Change	Addition
TRILE		☐ DELETE	3.1 TITLE		1		⊡ счянде	CT Vagarage (
NAME			3.2 NAME					
STREET ADDRESS				ET ADDRES	SS			
CITY-ST-ZIP		☐ DELETE	3.4. CITY-	ST-ZIP			Change	Addition
TITLE		I I DELETE	■ 4.1 III III I		1			

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 on an attachment with an address, with all other like empowered.

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

DELETE

DELETE

DELETE

☐ Change

☐ Addition

Addition