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PROFIT **CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90285 006 ***150.00

DOCUMENT # P96000042276

1. Corporation Name

	ENTERPRISE CORP.								
Principal Plac	e of Business	M	ailing Address				T (MAINEAN ISM SANIA BINSI AND IN AND IS BRAIN A	#} WIGHE GIW EII)	INCIN DIE INCI
6303 JACQUELINE ARBOR COURT TAMPA FL 33617 6303 JACQUELINE ARBOR TAMPA FL 33617			or court						
TAMEN TE 35017							DO NOT WRITE IN T	HIS SPACE	
							3. Date Incorporated or Qualifed		
							05/16/1996		
2. Principal P	lace of Business	2a.	. Mailing Address				4. FEI Number	Ap	plied For
21		_ 26					59-3379838	No	t Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			_	5. Certificate of Status Desired		dditional
22	<u> </u>	- 27			-	· · ·		Fee Re	quired
City & Stat	ie ,	L	City & State				6. Election Campaign Financing	\$5.00	
23		28					Trust Fund Contribution	Added t	o Fees
Zip	Country	<u> </u>	Zip		intry		8. This corporation owes the current year		
24	25	29		30	,		Personal Property Tax.		□No
	9. Name and Address of Curre	ent Regis	stered Agent		041	Mara	10. Name and Address of New Register	ed Agent_	
COL	NUAD OVAITURA I				81	Name			
	IWAB, CYNTHIA L				82	Street Add	ress (P.O. Box Number is Not Acceptable)		
	3 JACQUELINE ARBOR COURT				\sqcup				
IAM	IPA FL 33617				83		•		}
	•				84	City		85 Zip (Code
	•				1 1	•	poration submits this statement for the purpose on's board of directors. I hereby accept the ap	┍┫┈┆	
agent, I a SIGNATURE	ım ramıllar with, and accept the oblig	gallons of	, Section 607.0505,	Florida Stat	utes.				-
	Signature, typed or printed name of registered as	gent and title	if applicable. (N	OTE: Registered	Agent	signature require	d when reinstating) DATE		
12.	OFFICERS A			OTE: Registered	Agent	signature require	ad when reinstating) OATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	
TITLE						signature require			RS IN 12
	OFFICERS A		CTORS	13.	TLE	signature require		AND DIRECTO	
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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 or an attachment with an address with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: