SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000042927 (9)

·	ITERPRISES, INC.			1.031.031.311.0011.0011.0111.0111.01	
Principal Place of Business 5999 CENTRAL AVENUE SUITE 200 ST. PETERSBURG FL 33710 Mailing Address 5999 CENTRAL AVENUE SUITE 200 ST. PETERSBURG FL 33710				DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified 05/13/1996 4. FEI Number	3a. Date of Last Report
	lace of Business	2a. Mailing Address	a20.1	l .	Applied For
21 190 Suite, Apt.	# etc.	26 β.0. Βοχ 2' Suite, Apt. #, etc.	1304	59-3386569	Not Applicable \$8.75 Additional
22 # 50	•	27		Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23	TERSOURG JFL. Country	ZID ZID	Country	Trust Fund Contribution	Added to Fees
24 1337			in USA	8. This corporation owes or has pa Personal Property Tax due June	
	9, Name and Address of Curren			10. Name and Address of New Re	
TEN	INEY, MARC A		81 Name		
5999 CENTRAL AVENUE			82 Street Addr	ress (P.O. Box Number is Not Acceptate	ole)
	TE 200		83		
ST.	PETERSBURG FL 33710		103		
			84 City		FL 85 Zip Code
agent. Fa SIGNATURE	egistered agent, or both, in the State m familiar with, and accept the obliga Signature, typed or printed name of registered age	ations of, Section 607.0505, Flori	thorized by the corporal ida Statules,	poration submits this statement for the plion's board of directors. I hereby acce	pl the appointment as registered
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	PSTD	☐ DELETE	1.1 TITLE		Change Acdition
NAME	KALAL, TIM		1.2 NAME		
STREET ADDRESS	5022 SOUTHERN PINE CIRCL	E	1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	VENICE FL 34293	DELETE	1.4 CHY-ST-7/P 2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY - ST - ZIP		
TITLE		☐ DELETE	3.1 THLE		☐ Change ☐ Addition
NAME CYDERY ADDRESS			3.2 NAME		
STREET ADDRESS City-St-Zip			3.3 STREET ADDRESS 3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		T oriest	4.4 CITY - ST - ZIP		C Change L Addition
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition ☐
NAME Street Address			5.2 NAME 5.3 STREET ADDRESS		
City-St-ZIP			5.4 CITY - ST - ZIP		
TITLE	<u> </u>	DELETE	6.1 7HLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	ov certify that the information supplier	d with this filing does not qualify	64 DTY-ST-ZIP	d in Section 119.07(3)(i). Florida Statute	es. I further certify that the

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Soction 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.

OLONIATURE.

THE SHILL KARASINED

Sent 1/ Bay

FILED

Sep 22 1997 8:00am

Secretary of State

813 -579 -9524