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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000043152 (3)

FILED Mar 11 1998 8:00am Secretary of State

HOLDE	IN ENTERPRISES, INC.							
Principal Plac	e of Business	Mailing Address				- 1 40011031 610 10410 01111 00111 90111 00111 01111 0		fil ë le ë t ë p et
253 SW MON	TEREY RD	253 SW MONTEREY RD	-					
STUART FL 34994 STUART FL 34994						1		
US		U\$				DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified 05/21/1996		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	A	pplied For
21		26				34-6580730		lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				6. Certificate of Status Desired		Additional lequired
City & State	0	City & State				6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution	DebbA	to Fees
Zip	Country	7ip	Count	try		8. This corporation owes or has paid the		~
24	25	29	30			Personal Property Tax due June 30.		No
	9. Name and Address of Curre	nt Registered Agent		11	Mana	10. Name and Address of New Registers	d Agent	
	OK, GREGORY D		\°	"	Name			
) SOUTH FEDERAL HIGHWAY		8	2	Street Addre	ss (P.O. Box Number is Not Acceptable)		
	T FLOOR		ļ_	3				
ווס	UART FL 34994		6	3				
			8	14	City	F	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statut	es, the abo	ve-	named corpo			its registered
office or r	egistered agent, or both, in the State m familiar with, and accept the oblid	of Horida, Such change was a strong of Section 607,0505. Flo	authorized rizla Statut	by t	he corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the a	ppointment as	registered
	The transfer the transfer the carrie	, we will be 7, 0000, 110	nos bians	.00.				}
SIGNATURE	Signature, typed or printed name of registered ag-	ent and title if applicable (NOT	L. Registered A	gent	signature required	d when reinstating) DATE		
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	RS IN 12
TITLE	D	☐ DELET E	1.1 7171.0	E			☐ Change	Addition
NAME	HOLDEN, BRIAN J		1.2 NAME					
STREET ADDRESS	6542 WOOD LAKE ROAD		1.3 STRE	ET AI	DDRESS			
CITY - ST - ZIP	JUPITER FL 33458		1.4 CITY	-51-	ZIP			
TITLE	D	DELETE	2.1 TITLE	E			Change	☐ Addition
NAME	HOLDEN, FLORENCE M			2.2 NAME				
STREET ADDRESS	6542 WOOD LAKE ROAD	2.3 STREET ADDRESS		DDRESS				
CITY-ST-ZIP	JUPITER FL 33458		2. 4 CITY-ST-ZIP		- ZIP	41 / Vin		
TITLE		[] DETEIE	3.1 TITLE				L_ Change	Addition
NAME			32 NAM	E				į
STREET ADDRESS			3.3 STREET		DDRESS			
CITY-ST-ZIP		The section	3.4. CITY		- ZIP			
TITLE		☐ DELETE	4.1 TITLE				☐ Change	Addition
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET AL		DDRESS			
CITY-ST-ZIP			4.4 CITY-ST-		ZIP			
TITLE		☐ DELETE	5.1 TITLE		{		Change	☐ Addition
NAME			5.2 NAME					
STREET ADDRESS				5.3 STREET ADDRESS				
CITY - ST - ZIP		POLIT	5.4 CITY-ST		ZIP			Addition
TITLE		DELETE	6 1 TITLE				L Change	☐ AOOHOON
NAME			6 2 NAM					
STREET ADDRESS			1	6.3 STREET ADDRESS				ł
CITY-ST-ZIP			6.4 CITY	-51-	ZIP			

14. Thereby certify 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 apprual 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 receivery or inspect empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if chafged, or on an attaching a within address.

SIGNATURE: