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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT

Corporation	I ENTERPRISES, INC.	1043152					
Principal Place of Business Mailing Address					i instinati cie jacie actit secti entit antit	\$8111 010 88 (410) 110 0 1 8	1118 1187 1891
253 SW MONTE STUART FL 349 US	EREY RD	253 SW MONTEREY RD STUART FL 34994 US	253 SW MONTEREY RD STUART FL 34994		DO NOT WRITE IN THIS SPACE		
	•				3. Date Incorporated or Qualifed 05/21/1996		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number 34-6580730	<u> </u>	lied For Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.		<u>_</u>	\$8.75 Ac	ditional	
22				5. Certifcate of Status Desired	Fee Req	uired	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 M Added to	· .	
Zip	Country 25	Zip	Country	у	This corporation owes the current year Personal Property Tax.		□No
24	9. Name and Address of Curre		30 ₁		10. Name and Address of New Registe		
	o. Italia pila zidaloso ol callo		81	1 Name			
COOK, GREGORY D 900 SOUTH FEDERAL HIGHWAY			82	2 Street Add	ress (P.O. Box Number is Not Acceptable)		
	FLOOR		83	3			
	ART FL 34994						
			84	4 City		FL 85 Zip Co	ode
office or ri	to the provisions of Sections 607.050 egistered agent, or both, in the State or familiar with, and accept the obligations Signature, typed or printed name of registered age	of Florida. Such change was au ations of, Section 607.0505, Flori	thorized by ida Statute	y the corporati s.	poration submits this statement for the purposion's board of directors. I hereby accept the a	ppointment as regi	egistered istered
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICER	S AND DIRECTOR	
TITLE	D	☐ DELETE	1.1 TITLE			☐ Change	☐ Addition
NAME	HOLDEN, BRIAN J	1.2 N					
STREET ADDRESS	6542 WOOD LAKE ROAD	1		ET ADDRESS			}
CITY+ST+ZIP			1.4 CITY-			C Channe	Addition
TITLE	D	. DELETE	2.1 TITLE		•	☐ Change	☐ Addition
NAME	HOLDEN, FLORENCE M		2.2 NAME				
STREET ADDRESS	6542 WOOD LAKE ROAD			ET ADDRESS			
CITY-ST-ZIP			2.4 CITY- 3.1 TITLE			· Change	Addition
TITLE	.		3.1 IIILE		•	C ontaining o	
NAME				ET ADDRESS			
STREET ADDRESS	· · ·						
CITY-ST-ZIP TITLE	-	DELETE	3.4. CITY- 4.1 TITLE			☐ Change	Addition
NAME	,	_	4. 2 NAME				
STREET ADDRESS	•			ET ADDRESS		•	
CITY-ST-ZIP			4.4 CITY-				
TIFLE			5.1 TITLE			Change	Addition
NAME	,		5.2 NAME	:			
STREET ADDRESS			5.3 STRE	ET ADDRESS	-		į,
CITY-ST-ZIP		·	5.4 CITY-				
TITLE		☐ DELETE	6.1 TITLE		_	Change	☐ Addition
NAME	,		6.2 NAME				
	1			ET ADODESC J			

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 onlan attachment withlan abdress, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

WOED.