3-24 98 B FILE NOW: FILING FEE AFTER

PROFIT CORPORATION ANNUAL REPORT 1998

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 26 1998 8:00am Secretary of State

3-20-48

<u>.</u>	ENTERPRISES, INC.					
Principal Plac		Mailing Address		, , , , , , , , , , , , , , , , , , , ,		
4450 E BAY I CLEARWATER		3000 EAGLE BEND RD SPRING HILL FL 34606				
US	112 04024	US		DÓ NOT WR	ITE IN THIS SPACE	
				 Date Incorporated or Qualifie 05/24/1996 	d	
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	· [Applied For
n 3000	Place of Business EAGLE BEND ROAD	26		65-0668813		Not Applicable
- 3016, Apr.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	1 7	5 Additional Regulred
City & State	е	City & State		6. Election Campaign Financing		00 May Be
	GHILL, PL	28		Trust Fund Contribution		ed to Fees
Zip	Country	Zip	Country	8. This corporation owes or has	paid the current year	Intangible
4 341	06 25		30	Personal Property Tax due Ju		□ No
	9. Name and Address of Current	Registered Agent	81 Name D	10. Name and Address of New	Registered Agent	
	CH, BRUCE L		Name E	PRUCE L. RICH		
	50 EAST BAY DR.			robbined. Dox realities to rest record		
GU	EARWATER FL 34624		3000	EAGLE BEND K	OAD	
			84 City	we Here	FL 85 3	in Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	es, the above-named cor	DOCUMENT STATEMENT FOR THE PROPERTY OF THE PRO		a its registered
office or r	to the provisions of Sections 607.05/2 registered agent, or boy on the State of an familiar with, and accept the obligation	Florida Such change was a	authorized by the corpora	ation's board of directors. I hereby ac	cept the appointment	as registered
agent. ra	itti tariillar viitti, and adzopt tilo opiidad	inglis of, proclion our tosos, ric	Jirua Siaiules.		~ () . () 4	^
01011471105				.5	- 20-9e	5
SIGNATURE	Signature, typed or printed name of registered agent	\smile	E Registered Agent eignature requ	>	DATE	<u> </u>
12.	Signature, typed or printed name of registered agoni OFFICERS AND	and tile il applicable (NOTI DIRECTORS	E Registered Agent signature requ	>	DATE FICERS AND DIRECT	ORS IN 12
SIGNATURE 12. TITLE	Stonelive: typed or printed name of registered agont OFFICERS AND PD	and title II applicable (NOTI	E Registered Agent eignature required 13.	Jired when reinstating)	DATE	ORS IN 12
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