## . 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 # **P96000048048**1. Corporation Name

MEANS COME ENTERPRISES, INC.

				•							
Principal Place	e of Business	Mailing	Address	,						•	
425 W. COLONIAL DRIVE			425 W. COLONIAL DRIVE								
SUITE 202			SUITE 202				DO NOT WRITE IN THIS SPACE				
ORLANDO FL 32804		US	ORLANDO FL 32804				3. Date Incorporated or Qualifed				
US		03					06/03/1996		-		
A Director ID	L of Ducinos	2n Mail	ling Address				4. FEI Number	<u> </u>		Ap	plied For
<del></del> _ ′	lace of Business	$\vdash$	ing Address				59-343177	1		<u> </u>	t Applicable
21	<del></del>	26 Suite	e, Apt. #, etc.				33 040 177	<u></u>		\$8.75	
Suite, Apt.	#, etc.	27	о, дрт. н, ото.		•		5. Certifcate of S	Status Desired		Fee Re	I
22 City & Stat			& State				6. Election Cam	naign Financing		\$5.00	May Be
<u> </u>		28	G 51015				Trust Fund C			Added t	
<b>23</b> Zip	Country	Zip		Coun	try	<u> </u>	8. This corporat	ion owes the cu	rrent vear In	tangible	
	25	29		30	•		Personal Pro		,	Yes	□No
24	9. Name and Address of Curre	<del></del>	d Agent	1			10. Name and A	ddress of New	Registered	Agent	
	3. Hall distribution	1,1-14	· .:	1:	B1	Name					
, XU, X	XIAU B ESQ.		•	l l		Ot - 1 8 4 4	Iress (P.O. Box Numb	er is Not Asses	tobla)	·	
5705	HANSEL AVENUE	• •		l'	82 :	Street Addi	iress (P.O. Box Numi	er is Not Accep	table)	property and a con-	st at 1.51 171
ORL	ANDO FL 32809				83				\$ 184 E.	4 1 4	Q5 12 (4)
				L					4 32 32	***	£ 16.141.
				[ ]	84 (	City			FI	85 Zip (	Code
									A AUTOMACA A	t chanaina its	registered I
11. Pursuant office or r agent. I a	to the provisions of Sections 607.05 registered agent, or both, in the Statum familiar with, and accept the oblig	jations of, Sect	gon 607.0303, Fic	nua Statu	IC3.			statement for th	ept the appo	intment as re	gistered
agent. I a	m familiar with, and accept the oblig	gent and title if applic	cable. (NOTE	: Registered	IC3.		ed when reinstating)		DATE		
SIGNATURE	m familiar with, and accept the oblig  Signature, typed or printed name of registered as  OFFICERS A	jations of, Sect	cable. (NOTE	nua Statu	ico.		ed when reinstating)	HANGES TO O	DATE		
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6.4 CITY-ST-ZIP

**SIGNATURE** 

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 preciver or trustee employeed 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 application of the corporation of the preciver or trustee employeed 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 application or the precipitation of the corporation of the corporat

**FILED** 

Jan 29, 1999 8:00am

**Secretary of State** 

01-29-1999 90003 012 \*\*\*150.00