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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000049119 (6)

ESHLEMAN ENTERPRISES, INC.

FILED Jan 30 1997 8:00am Secretary of State

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Principal Place	e of Busines	5	Mailir	ng Address					i inditudi tid ikten Afrit Rhiti abtit antı	E MARIE MENTA	· SAIAL DEAD SIAN	A CANT INDI	
715 PINEWALK DRIVE BRANDON FL 33510				715 PINEWALK DRIVE BRANDON FL 33510-2156									
									 Date Incorporated or Qualified 06/10/1996 	3a. Da	ate of Last Re	eport	}
2. Principal Place of Business				2e. Mailing Address					4. FEI Number 59-338336	,		plied For	7
Suite, Apt	#, etc	26 Si	Suite, Apt. #, etc.				· · ·	·		\$8.75	t Applicable Additional	+	
22		27	<u> </u>					5. Certificate of Status Desired	<u> </u>	Fee Re	quired	1	
City & State	e	28	City & State					Election Campaign Financing Trust Fund Contribution	\Box	\$5.00 Added t			
Zip Country				Zip Country					8. This corporation has liability for in		· · · · · · · · · · · · · · · · · · ·		1
24	25			29 30			Florida Statutes			☑ Yes ☐ No			
		and Address of Cur	rent Register	ed Agent		81	Name		10. Name and Address of New Re	gistered /	Agent		4
	ileman, G Pinewali												4
	NDON FL					82	Street	Addres	s (P.O. Box Number is Not Acceptab	le)			1
						63							7
						84	City			FL	85 Zip (Code	1
11. Pursuant	to the provis	ions of Sections 607.	0502 and 607.	1508, Florida Stat	utes, the a	bovi	-named	corpo	ration submits this statement for the p	urpose of	L L I changing it	s registered	1
office or n	egistered ag m familiar w	gent, or both, in the St ith, and accept the ob	ate of Florida. Digations of, S	Such change was Section 607.0505, F	s authorize Florida Sta	id by itutes	the corp s.	poratio	n's board of directors. I hereby accep	the app	ointment as	registered	
SIGNATURE		٠٠٠ - ١٠٠ - ١٠٠ - ١٠٠ - ١٠٠ - ١٠٠ - ١٠٠ - ١٠٠ - ١٠٠ - ١٠٠ - ١٠٠ - ١٠٠ - ١٠٠ - ١٠٠ - ١٠٠ - ١٠٠ - ١٠٠ - ١٠٠ - ١٠٠											
12.	Signature, typed	FETCERS	agent and tile if a AND DIRECTO		OTE: Registere	d Age	nt signature		when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE FRS AND	DIRECTOR	S IN 12	٦,
TITLE				1.1 T	ITLE		VI	SAN E. ESHLEM. 5 PINEWALL D.		Change	Addition	9	
NAME				121		IAME		الاک	SAN E. ESALEM.	en/			3
STREET ADDRESS					1.3 9	TREET	ADDRESS	71	5 PINEWALK D.	R-			
CITY-ST-ZIP						1.4 CITY - ST - ZIP		13	BANDON FL 3-	351	0		ន
TITLE				DELETE	2.1 T	TLE		D	. 7 6		Change	■ Addition	75
NAME		2.2		IAME		GLORIA ESIGHEMAN 715 PINEWALL DR							
STREET ADDRESS						2.3 STREET ADDRESS		7%	5 PINEWALK DR	. ;			
CITY-ST-ZIP						2 4 CITY-ST		BK	AndON, FL 33510)			
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14. I do 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 on an attachment with an address.

SIGNATURE

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/33/97 813 68/ 6054