## 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 # P96000051404 (7)

**NESBITT INTERNATIONAL ENTERPRISES, INC.** 

## **FILED** May 05 1998 8:00am Secretary of State



					AN PIGN TIRKENTAK KANTURIK KANT
Principal Place of Business Mailing Address				a seatines tin tatin ettit estit selli selli selli selli	.m4 m4191 41M41 A1D11 A31(4 E1A1 1M2)
4298 W. HIGHWAY 441 P.O. BOX 281					
P.O. BOX 281 ZELLWOOD FL 32798		ZELLWOOD FL 32798		DO NOT WRITE IN THIS SPACE	
	<b>4 02</b> , 02			3. Date Incorporated or Qualified	
				06/14/1996	
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3385178	Not Applicable
Sulte, Apt. #, etc.  22  City & State  23		Suitc, Apt. #, etc. 27 City & State		5. Certificate of Status Desired \$8.75 Additional Fee Required  6. Election Campaign Financing \$5.00 May Be	
					Zip
24	25	29	<b>¬</b>	<ol> <li>This corporation owes or has paid the Personal Property Tax due June 30.</li> </ol>	ne current year Intangible  Yes  No
<del>- • ,</del>	9. Name and Address of Curre		<u> </u>	10. Name and Address of New Regist	
NE	SBITT, BRIAN		81 Name		
4288 W. HIGHWAY 441 ZELLWOOD FL 32798			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
				Sicos (1.0. Dox radificor is fact Acceptable)	
			83		
			84 City		85 Zip Code
				rporation submits this statement for the purporation's board of directors. I hereby accept the	FL   T
SIGNATURE	Signature, typed or printed name of registered age	ent and little if applicable (NOTL 6	Registered Agent signature req	u red when reinstaling) D.	A1t.
12.	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	NESBITT, BRIAN	☐ DELETE	1.1 TITLE		Change Addition
NAME Street address	4288 W.HIGHWAY 441		1.2 NAME		
CITY-ST-ZIP	ZELLWOOD FL 32798		1.3 STREET ADDRESS		
TITLE	0	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
NAME	NESBITT, JEAN	<del>-</del>	2.2 NAME		
STREET ADDRESS	4288 W. HIGHWAY 441		2.3 STREET ADDRESS		
CITY-ST-ZIP	ZELLWOOD FL 32798		2 4 CHY-ST-ZIP		
TITLE	0	DELETE .	3 1 TITLE		Change Addition
NAME	NESBITT, DARREN L		3 2 NAME		
STREET ADDRESS	4288 W. HIGHWAY 441		3.3 STREET ADDRESS		
C/TY-ST-ZIP	<b>ZELLWOOD FL 32798</b>		3.4. CITY - ST - ZIP		
TITLE		☐ DELET <b>E</b>	4.1 TITLE		L Change Addition
NAME CTREET APPROACE			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY+ST-ZIP 5.1 TITLE		Change Addition
NAME		_ but	5.1 IIILE 5.2 NAME		L Change L Addition
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 City-St-Zip		
TITLE		☐ DELET <b>E</b>	6.1 TITLE		Change Addition
NAME	,	_	6.2 NAME		
STREET ADDRESS	4		6.3 STREET ADDRESS		
CITY-ST-ZIP			64 CITY - ST 7IP		

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 on an attachment with an address.