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 # P96000061914 (3)

	NTERPRISES, INC.				
Principal Place of Business Mailing Address			1 INDIIAN IIR INIIN RILII ARIII ARIII NAIII ANII		
3018 HORATIO STREET 3018 HORATIO TAMPA FL-93629- 33609 TAMPA FL-93629		3018 HORATIO STREET TAMPA FL 83629 - 3	3609	to Not write In .	TO A CO SOLUT
]	• • •		•	DO NOT WRITE IN 3. Date Incorporated or Qualified	THIS SPACE:
1				•	
2. Principal P	lace of Business	2a. Mailing Address		07/24/1996 4. FEI Number	Applied For
21		26		59-3393497	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired L.	Fee Required
City & Stat	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24 336		29 33609	30	Personal Property Tax due June 30.	Yes No
<u> </u>	g, Name and Address of Curre	ni Registered Agent	81 Name	10. Name and Address of New Regist	erea Agent
	RSHALL, BRIAN				
3018 HORATIO STREET			82 Street Ad	dress (P.O. Box Number is Not Acceptable)	
IAI	MPA FL 33629		83		
			84 City		FI 85 Zip Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508. Florida Stat	ules, the above-named co	orporation submits this statement for the purporation's board of directors. Thereby accept the	· · ·
agent La	m familiar with, and accept the oblig Stgnature, typid or proted name of organization as	gations of, Section 607.0505, I	Florida Slatutes. DIE Registered Agent signature res		MΤ
TITLE	DP	DELETE	1.1 TOLF	ADDITIONO OF TAXABLE TO OFF IDEAC	Change Addition
NAME	MARSHALL, BRIAN	_	1.2 MAMC		
STREET ADDRESS	914 GOLF VIEW		1.3 STREET ADDRESS	3018 HORATIO STREET	
CHY-ST-ZIP	TAMPA FL 33629		1.4 CITY - ST - ZIP	3018 HORATIO STREET TAMPA, F1 33609	
THILE		DELETE	21100	1	Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CHY-ST-ZIP	<u></u>		2 4 CITY-ST-ZIP		
TITLE		DETLIE	3 1 THILF		Change Addition
NAME			3 2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-7IP	<u> </u>	DEFECT	3 4. C(TY - ST - 7(P		Change Addition
TITLE		LI DELLETE	4171111		Change Addition
NAME ATOMET ADORNES			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CHY+ST+ZIP 5.1 TILLE		Change Addition
NAME			5.2 NAME		The seconds The second
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - \$1 - ZIP		
TITLE		DLLETE	6.1 TOLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
Since, Modificos			S. O. STILL I ALIDIN GO		

14. Thereby 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 innual report is true and accurate and that my signature shall have the same legal offect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee employeed tojexecute 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.

Roses Married in al- 115/62

FILED

Jan 20 1998 8:00am

Secretary of State