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

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90245 014 ***150.00

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CALCUTTA ENTERPRISES. INC.

Mailing Address	
300 DUNBAR SUITE 100 OLDSMAR FL 34677	
	Mailing Address 300 DUNBAR SUITE 100

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OLDSMAR FL 3	4677	OLDSI	MAR FL 34677				DO NOT WRI	TE IN THIS	SPACE	
OLDOWAN IL D	TVI 1	CLDO					3. Date Incorporated or Qualifed			
							08/13/1996			
2. Principal Pl	lace of Business	2a. M	ailing Address				4. FEI Number		<u> </u>	Applied For
21		26					59-3394612			Not Applicable
_ Suite, Apt.	#, etc	27 S	Suite, Apt. #, etc.			5. Certificate of Status Desired				
City & State	0		ity & State				6. Election Campaign Financing		\$ 5.	00 May Be
23		28					Trust Fund Contribution		Add	led to Fees
Zip	Country	Z	p	Cou	intry		8. This corporation owes the curr	ent year Int	angible	
24	25	29	[:	30			Personal Property Tax.	_	ÆlYes	□No
	9. Name and Address of Curren	nt Register	ed Agent				10. Name and Address of New I	Registered	Agent	
					81	Name				
CHRI	istians, howard					Ct 4 4 4	dense (D.O. Bay Number in Not Accept	oblo)		
300 [DUNBAR				82	Street Add	dress (P.O. Box Number is Not Accept	aule)		
	E 100				83					
	SMAR FL 34677				Ш					· · · · · · · · · · · · · · · · · · ·
V.D.	J				84	City		FL	85	Zip Code
			4500 First O	- Al :	$\perp \perp$		magation authority this statement for the		changin	n its registered
11. Pursuant t	to the provisions of Sections 607.050)2 and 607. of Florida.	.1508, Florida Statute Such change was au	s, the a thorize	ibove d bv i	i-named coi the corpora	rporation submits this statement for the tion's board of directors. I hereby acce	pt the appoi	ntment a	s registered
agent. I a	m familiar with, and accept the obliga	ations of, S	ection 607.0505, Flori	ida Stat	utes.		·			
SIGNATURE										
	Signature, typed or printed name of registered ager		<u> </u>		1 Agent	t signature requi	ired when reinstating)	DATE	ID SIDE	OTOGO IN 12
12	OFFICERS AN	ND DIRECT		13.			ADDITIONS/CHANGES TO OF	FICERS AT	U DIRE	
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1. 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 suppliemental 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 of 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 change I, or in an attachment with an address, with all other like empowered.

SIGNATURE;

REARD TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-99

8 13-855-3450 Daytime Phone #