COR ANNU	PROFIT PORATION JAL REPORT 1999	F	LORIDA DEPART Kathering Secretary DIVISION OF CO	of State	FILE Mar 17, 199 Secretary 03-17-1999 90132	99 8:00 of Stat	
1. Corporation	MENT # <b>P960</b> Name ENTERPRISES, INC.	0008779	99			LINE ANERE INNER FOR IN	
Principal Place of Business Mailing Address							I U I U I I I U I U I U I U I U I U I U
02 LIBERTY CT DEERFIELD BCH FL 33442 JS		402 LIBER Deerfieli US	TY CT ) BCH FL 33442		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  10/02/1006		
Dripanal D	ace of Business	2a. Mailin	a Address	<u> </u>	10/23/1996 4. FEI Number	Appli	ed For
z, enncipar ei	ace of business	26	g Address		65-07 15327	Not A	Applicable
Suite, Apt.	#, etc	Suite.	Apt #, etc		5. Certifcate of Status Desired	\$8.75 Ad Fee Requ	
City & State	e	27	State		6. Election Campaign Financing	\$5.00 M	
Zip	Country	28		Country	Trust Fund Contribution     8. This corporation owes the current year	Added to	rees
4] 	25	29	3	0	Personal Property Tax.	Yes [	]No
	9. Name and Address of C	Current Registered	Agent	81 Name	10. Name and Address of New Register	ed Agent	
	LIBERTY CT RFIELD BCH FL 33442			83			
11. Pursuant	to the provisions of Sections 60	State of Florida, Suc	h chande was aut	84 City . the above-named corp horized by the corporation	poration submits this statement for the purpose ion's board of directors. I hereby accept the ap	L 85 Zip Co of changing its re pointment as regis	gistered
11. Pursuant office or r agent. I a	to the provisions of Sections 60 egistered agent, or both, in the m familiar with, and accept the	State of Florida. Suc obligations of, Section	h change was aut n 607.0505, Flore	84 City 5. the above-named corp horized by the corporate ta Statutes	poration submits this statement for the purpose ion's board of directors. I hereby accept the ap	• L	gistered
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officer of director of the corporation of the receiver of indicer empowered to calculations report us to Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME ASSIGNING OFFICER OR DIRECTOR

3/15/99 (954)360-9491 Duty Duty Pluse =