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PROFIT
CORPORATION
ANNUAL REPORT
1998
OCUMENT #



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000091857 (8)

FILED Apr 13 1998 8:00am Secretary of State

	ENTERPRISES, INC.				
Principal Plac	e of Business	Mailing Address		L indiinas iin iftisf airri antif fater anit Affir	n salat ildat intat Birkt ikat 1881
1027 SW 7TH STREET 1027 SW 7TH STREET BOCA RATON FL 33486 BOCA RATON FL 33486			DO NOT WRITE IN TH	HIS SPACE	
*				3. Date Incorporated or Qualified	
				11/05/1996	
2. Principal P	ace of Ausiness	Mailing Address	0	4. FEI Number	Applied For
21_//2	WEST (AMINO)	Mailing Address	Jane_	65-0714731	Not Applicable
Suite, Ap	W. etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & eng	Page Dan El	City & State		6. Election Campaign Financing	\$5.00 May Be
23	DEA KATON, FC	28		Trust Fund Contribution	Added to Fees
Zip2 2 .	127 1 20 m 20	1 Zip 2 2/22	Country	8. This corporation owes or has paid the	· ·
24 129	9. Name and Address of Current	Pagislared Agent	[30] [1]	Personal Property Tax due June 30. 10. Name and Address of New Register	Yes K No
		nagistered Agent	61 Name	• 1/ //	ieu Ageni
PLATTER, WILLIAM L			MISE M. LERA		
	27 SW 77H STREET		82 Street AC	eress (PO. Box Number is Not Acceptable)	
1 60	CA RATON FL 33486		83	CHANGE PAR	'
			84 70	Paul	FL 85 38432
11 Pursuant	In the provisions of Sections 607 0502	and 607 1508. Florida Statu	tes the above-named co		
office or r	registered agont, or both, in the State	Florida. Such charge was	authorized by the corpor	rporation submits this statement for the purposation's board of directors. I hereby accept the	appointment as registered
	in familiar vitily and accept the obligat	ions of, Section 602 2505, F	lorida statutes.		İ
SIGNATURE	- Serie le	U. Mes	deal		
	Stgnature, typed or printed name of regularing agent	and tilio il applicabile (NO	IC: Registered Agent signature req		TE
SIGNATURE	Signature, typed or printed name of registrated agent	and tilio il applicabile (NO	ACCOUNTE: Registered Agent signature req	rulred when reinstating) DAT	TE
SIGNATURE	Stgnature, typed or printed name of regularitid agent OFFICERS AND	and tille if applicable (NO DIRECTORS	IE. Registered Agent signature req	ulred when reinstating) DAT ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12 Change
SIGNATURE 12. TITLE	Signature. Spind or printed name of regulation agent OFFICERS AND	and tille if applicable (NO DIRECTORS	IE. Registered Agent signature req 13. 1.1 TITLE 1.2 NAME	ADDITIONS/CHANGES TO OFFICERS TO UEST CAMIND RE	AND DIRECTORS IN 12 Change
SIGNATURE 12. TITLE NAME	Signature. Spind or printed name of roughlined agent OFFICERS AND D CERA, DENISE M	and tille if applicable (NO DIRECTORS	IE. Registered Agent signature req 13. 1.1 TITLE 1.2 NAME	ADDITIONS/CHANGES TO OFFICERS TO UEST CAMIND RE	AND DIRECTORS IN 12 Change
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4. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(), 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 eath; 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 changed or on an attachment with an adjectes.

SIGNATURE

Jense M leis

7/98 561.367.8