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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # Pagnong2322

1. Corporation	Name	UUZUZZ		(·		
DEF STA	AN ENTERPRISES, INC.					
DEE O	# 211/211 11020, 110°			A HOOMBOO HED MAND RENTE BOLLE ORDER ABOUT STAFF	0110 (1000 11110 11011 1107) 1 00 1	
,	•		•			
Principal Place	e of Business	Mailing Address	-	1 (99)(69) No (9)(6 5)(4 59)(69)(69)(69)(69)	and these in a name the reer	
6555 SAND SPUR COURT P.O BOX 07070						
FT MYERS FL 33919 FT MYERS FL 33919			DO NOT WRITE IN THIS	SDACE		
บร บร		US		3. Date Incorporated or Qualifed	<u> </u>	
				11/07/1996		
2 Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	Applied For	7
—	ace of Eustress	26		65-0710370	Not Applicable	7
Suite, Apt.	# etc.	Suite, Apt. #, etc.			\$8.75 Additional	
22	.,	27		5. Certifcate of Status Desired	Fee Required	
City & State	e	City & State		6. Election Campaign Financing	\$5.00 May Be	1
23	·	28		Trust Fund Contribution	Added to Fees	4
Zip	Country	Zip	Country	8. This corporation owes the current year Int		
24	25		<u></u>	Personal Property Tax.	Yes No	4
	9. Name and Address of Current	t Registered Agent	81 Name	10. Name and Address of New Registered	Agent	-
ADD	11770 LUDWAC 1		81 Name			
ABRUZZO, LUDWIG J		82 Street Addr	ress (P.O. Box Number is Not Acceptable)		ļ	
1044 CASTELLO DR STE 101					\dashv	
INAPI	LES FL 34103		83			İ
			84 City	FI	85 Zip Code	
				FL		4
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statute: of Florida, Such change was au	s, the above-named corp thorized by the corporation	poration submits this statement for the purpose of on's board of directors. I hereby accept the appoi	changing its registered	
affice or n						- 1
office or n agent. I a	m familiar with, and accept the obligat	tions of, Section 607.0505, Flori	da Statutes.	, , , , , , , , , , , , , , , , , , , ,		
office or n agent. I a				poration submits this statement for the purpose of on's board of directors. I hereby accept the appoint	· · · · · · · · · · · · · · · · · · ·	
SIGNATURE	Signature, typed or printed name of registered agent	it and title if applicable. (NOTE: F	Registered Agent signature require	d when reinstating) DATE		-
SIGNATURE	Signature, typed or printed name of registered agent	it and title if applicable. (NOTE: F	Registered Agent signature require			ņ
SIGNATURE 12.	Signature, typed or printed name of registered agent OFFICERS ANI	it and title if applicable. (NOTE: F	Registered Agent signature require 13. 1.1 TITLE	d when reinstating) DATE	ID DIRECTORS IN 12	'n
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND P HILLMAN, FLORENCE	it and title if applicable. (NOTE: F	Registered Agent signature require 13. 1.1 TITLE 1.2 NAME	d when reinstating) DATE	ID DIRECTORS IN 12	'n
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CITY-ST-ZIP 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 attachnosity with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

Daytime Phone #