FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000095401

CATOES HAR BATES IA

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

1999

ENTREE UNLIMITED, INC.

Principal Place of Business	Mailing Address
501 S. CALHOUN ST	% LEO THOMPSON
ROOM B-15	2731 BLAIRSTONE RD., #74
TALLAHASSEE FL 32399	TALLAHASSEE FL 32301

26

27

2a. Mailing Address

City & State

Suite, Apt. #, etc.

FILED Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90081 029 ***150.00



DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Not Applicable

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

€6.£Election:Campaign:Financing=

01/01/1997

26-5359826

4. FEI Number

Zip	23	<u> </u>	28				Trust Fund	Contribution		Added t	o Fees
9. Name and Address of Current Registered Agent THOMPSON, LED 2731 BLARSTONE ROAD, #74 TALLAHASSEE FI, 32301 11. Pursuant in the provisions of Section 877 0007 and 607 1608 -Florida Statutes, the above named corporations attemet for the pursues of change its registered agent. The above provisions attempts and accept the eligibation of Section 70 007 007 007 007 007 007 007 007 007		Country	Zip		Country	1	8. This corpo	ration owes the cur	rent year intan	gible	
THOMPSON, LED 2731 BLAIRSTONE ROAD, #74 TALLAHASSEE FI. 32301 11. Pursuant to the provisions of Sentimes R07 0902 and 807:1608. Florids. Statutes the actual submits. this statement for the purpose utchanging its registered coffice or registered agent, or both, in the State of Florids. Statutes the actual submits this statement for the purpose utchanging its registered coffice or registered agent, or both, in the State of Florids. Statutes the actual submits this statement for the purpose utchanging its registered coffice or registered agent, or both, in the State of Florids. Statutes the actual statement for the purpose utchanging its registered agent and the registered agent	24						Personal F	Property Tax.		Yes	□No
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T. Pirmunot to the provisions of Sections R07 /R07 and 807 t508 -Riorida. Statutes, the above-named composition submits this satisfactors to the purpose of changing its registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both in the State of Change agent a	2731	BLAIRSTONE ROAD, #74			82	Street Addre	S (P.O. BOX)	mbers Not Accept	mable) gusti	ner	.d.C-2
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Signature, typed or printed name of registrated agent and tile at application. (NOTE: Registrated Agent alguates required when manufacturing) CATE	office or r	egistered agent, or both, in the State of	Florida, Such o	change was autho	orized by	the corporatio	n's board of direc	tors. I hereby acce	pt the appointr	nent as re	gistered
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS N 12 TITLE	SIGNATURE	Stanature hand or reinted name of registered event a	nd title if annicable	(NOTE: Rec	istered Age	nt signature required	when reinstating)		DATE		
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14. Thereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(f), Florida Statutes. Thirtier 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 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 og an attachment with an address, with all other like empowered.

SIGNATURE:

TURE AND TYPED OR PRINTED NAME OF JUSTINING OFFICER OR DIRECTOR

4 14 49 224-9293