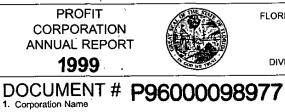
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

REPUBLIC ENTERPRISES INC.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90121 030 ***150.00

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Principal Place of Business 103 at Mailing Address						* 188/108/ 1/2 (8/)8 8/// 48/// 84/	3	 	9911 1001 1007	
10340 CYPRESS COURT WEST PEMBROKE PINES FL 33026 10340 CYPRESS COURT WEST PEMBROKE PINES FL 33026						DO NOT WRITE IN THIS SPACE				
	•					3. Date Incorporated or Qualifed 12/05/1996	_			
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		App	olied For	
26					65-0714248		Not	Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	`□ \$:		dditional	
27							Fee Red	quired		
City & State City & State					6. Election Campaign Financing Trust Fund Contribution		5.00 to Added to			
Zip	Country	Zip	Çou	ntry		8. This corporation owes the curre	ent year Intangib			
24	25	29	30		Personal Property Tax.					
	9. Name and Address of Curr	rent Registered Agent		,		10. Name and Address of New R	egistered Ager	<u>it</u>		
				81 Name	+					
	, STEVE			82 Street	Addres	s (P.O. Box Number is Not Accepta	ble)			
	O CYPRESS COURT WEST					. **.,		·		
PEM	BROKE PINES FL 33026			83	٠,	•				
				84 City			8	Zip C	Code	
							<u> </u>			
office or r	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the obli	ite of Florida, Such change was	authorized	I DV ING COIL	d corpor poration	ation submits this statement for the s board of directors. I hereby accept	purpose of char t the appointme	ging_its nt as reg	registered gistered	
SIGNATURE							<u> </u>		<u>-</u>	
	Signature, typed or printed name of registered a	· · · · · · · · · · · · · · · · · · ·		Agent signature	required w		DATE AND D	DECTO	DC IN 12	
12.	OFFICERS	AND DIRECTORS	13.		т	ADDITIONS/CHANGES TO OF		Change	Addition	
TITLE	P	· DÉLETE	1,1 TI				٠,٠	Change		
NAME	SAIZ, STEVE		1.2 N		•			•.•		
STREET PERILES		REET ADDRESS	3	,	4					
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NAME			2.2 N	•					1	
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STREET ADDRESS	,			TREET ADDRESS	۱,			•		
CITY-ST-ZIP				TY-ST-ZIP	 			Charge	Addition	
TITLE		☐ DELETE	6.1 TI				Ц	Change	[] Wormon	
NAME			6.2 N							
STREET ADDRESS	,		6.3 S	TREET ADDRESS	5					

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 attachment with an address with all other like empowered.

SIGNATURE: