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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCU 1. Corporation VISION	MENT # P97000 EX ENTERPRISES, INC.	0001486 (4))						
Principal Place of Business Mailing Address							iditi dalih di	HAN NON KIRAN I	Elia Bill (BB)
8232 NORTH		B232 NORTHPOINT BLV	D.			}			
PENSACOLA FL 82514		PENSACOLA FL 32514							
						DO NOT WRIT		SPACE	
						3. Date Incorporated or Qualified 01/07/1997			<u></u>
2. Principal Place of Business		2a. Mailing Address			4. FEI Number	an	h	Applied For	
Suite, Apt.	# MC	Suite, Apt. #, etc.			59-333-01-	10		Not Applicable Additional	
22	#, 6 10.	27			5. Certificate of Status Desired		T	Required	
City & Stat	0	City & State			6. Election Campaign Financing				
23	•	28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip	Country	Zip Country			8. This corporation owes or has paid the current year Intangible				
24	25	29	30			Personal Property Tax due Jur			□ No
	9. Name and Address of Current	Registered Agent				10. Name and Address of New R	egistere	i Agent	
	ERILAWYER CHARTERED		ľ	81 1	lame				
343 ALMERIA AVENUE CORAL GABLES FL 33134				82 S	treet Add	ress (P.O. Box Number is Not Accepta	able)		
			Į.	63					
			ļ.	84 C	City		FI	85 Zip	Code
11, Pursuant	to the provisions of Sections 607.0502	and 607,1508, Florida Stati	ites, the ab	ove-n	amed cor	poration submits this statement for the			its registered
office or r agent. I a	egistered agent, or both, in the State of the familiar with, and accept the obligation in the state of the obligation in the obligation	of Florida. Such chango was tions of, Section <mark>607.0505, F</mark>	authorized Iorida Statu	l by th ites	e corpora	poration submits this statement for the tion's board of directors. I hereby acc	ept the ap	pointment a	is registered
SIGNATURE	Signature typed or printed name of registered agen	Land title it producable (NC	III - Registered	Ament si	ignature regu	ired when reinstating)	DATE		
12.	OFFICERS AND	·			grade requ	ADDITIONS/CHANGES TO OFF		ID DIRECTO	DRS IN 12
TITLE	PTD DELETE WILLIAMS, RONNIE P		1.1 7/11	LE				Change	
NAME			1.2 NA	1.2 NAME					
STREET ADDRESS	8232 NORTHPOINT BLVD.		1.3 STR	1.3 STREET ADDRESS					
CITY-ST-ZIP	PENSACOLA FL 32514		1,4 CIT	1,4 CITY-ST-ZIP					
TITLE	VSD	☐ DELETÉ	2.1 TIT	2.1 TITLE 2.2 NAME				Change	Addition
NAME .	WILLIAMS, KATTY		2.2 NA						
STREET ADDRESS	8232 NORTHPOINT BLVD.	23 STREET ADDRESS		DRESS					
CITY-ST-ZIP	PENSACOLA FL 32514			2. 4 CITY - ST - ZIP 3.1 TITLE		· · · · · · · · · · · · · · · · · · ·			
TITLE		☐ DELETE			l			☐ Change	☐ Addition
NAME			3.2 NAI						
STREET ADDRESS			3.3 STR	REET ADD	DRESS				
CITY-ST-ZIP	DELETE			3.4. CITY - ST - ZIP				Change	☐ Addition
TITLE		□ DELETE		4. 2 NAME				change	L Aguition
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STREET ADDRESS	•			REET ADD					
CITY-ST-ZIP	DELETE			4.4 CITY-ST-ZIP 5.1 TITLE				Change	Addition
NAME			5.1 MA					المارة في	
STREET ADDRESS			1	vic Reet add	DE CC				
\\					- 1				
CITY-ST-ZIP TITLE	DELETE			5.4 CITY - ST - ZIP 6.1 TITLE				Change	Addition
NAME		orașie	6.2 NAM		- 1			- wilds	
STREET ADDRESS				vil Réet add	MSE 6 6				
OINEEL MANNESS			0.3 SIH	icei ADU	MICOO				

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 it changed, or on an attachment with an address.

FILED

May 15 1998 8:00am

Secretary of State