

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Oct 01 1998 8:00am
Secretary of State

DOCUMENT # **P97000005765 (7)**

1. Corporation Name

143 ENTERPRISES, INC.



Principal Place of Business

**322 FLAGLER AVENUE
NEW SMYRNA BEACH FL 32169**

Mailing Address

**322 FLAGLER AVENUE
NEW SMYRNA BEACH FL 32169**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/15/1997

2. Principal Place of Business

21 322 FLAGLER AVE

Suite, Apt. #, etc.

22

2a. Mailing Address

26 322 FLAGLER AVE

Suite, Apt. #, etc.

27

4. FEI Number

X 59-3432508

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

City & State

23 NEW SMYRNA BEACH FL

Zip

24 32169

Country

25 FLORIDA

City & State

28 NEW SMYRNA BEACH FL

Zip

29 32169

Country

30 FLORIDA

9. Name and Address of Current Registered Agent

**VAIL, JAY T
322 FLAGLER AVENUE
NEW SMYRNA BEACH FL 32169**

10. Name and Address of New Registered Agent

**81 Name BRENDA F. BUCHANAN
82 Street Address (P.O. Box Number is Not Acceptable)
205 1/2 S. Pine St.
83
84 City NEW SMYRNA BEACH FL 85 Zip Code 32169**

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or 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. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE **X Brenda Buchanan**

Signature, typed or printed name of registered agent and the if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

8/20/98

12. OFFICERS AND DIRECTORS

**TITLE PSTD
NAME VAIL, JAY T
STREET ADDRESS 1801 HILL STREET
CITY-ST-ZIP NEW SMYRNA BEACH FL 32169** ☒ DELETE

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP** ☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP** ☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP** ☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP** ☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP** ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**1.1 TITLE PSTD
1.2 NAME BRENDA F. BUCHANAN
1.3 STREET ADDRESS 205 1/2 S. PINE ST.
1.4 CITY-ST-ZIP NEW SMYRNA BEACH FL 32169** ☒ Change ☒ Addition

**2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP** ☐ Change ☐ Addition

**3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP** ☐ Change ☐ Addition

**4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP** ☐ Change ☐ Addition

**5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP** ☐ Change ☐ Addition

**6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP** ☐ Change ☐ Addition

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.

SIGNATURE **X Brenda Buchanan**

8/20/98 (and) 431-5333

CR2E034 (5/98)