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PROFIT
CORPORATION
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 24, 1999 8:00 am
Secretary of State
02-24-1999 90106 033 ***150.00

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DOCUMENT # P97000010306

1. Corporation Name

TITAN ENTERPRISES, INC.

Principal Place of Business	Mailing Address
1225 BENNET DRIVE. UNIT 151 STE 100 LONGWOOD FL 32750 US	1225 BENNET DRIVE. UNIT 151 STE 100 LONGWOOD FL 32750 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed **02/03/1997**	
21 *1225 Bennett Dr.*	26 *1225 Bennett Dr.*	4. FEI Number **59-3433957**	Applied For Not Applicable
Suite, Apt. #, etc. 22 *Suite 100*	Suite, Apt. #, etc. 27 *Suite 100*	5. Certifcate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23 *Longwood FL*	City & State 28 *Longwood FL*	6. Election Campaign Financing ☐ Trust Fund Contribution	**$5.00** May Be Added to Fees
Zip Country 24 *32750* 25 *US*	Zip Country 29 *32750* 30 *US*	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent		
AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134	81	Name	
	82	Street Address (P.O. Box Number is Not Acceptable)	
	83		
	84	City **FL**	85 Zip Code

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 _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE **PSTD**	☐ DELETE	1.1 TITLE *PSTD*	☒ Change ☐ Addition
NAME **OBUHOSKY, BRUNILDA**		1.2 NAME *OBUHOSKY, BRUNILDA*	
STREET ADDRESS **1225 BENNET DRIVE, UNIT 151**		1.3 STREET ADDRESS *1225 Bennett Dr. Suite 100*	
CITY-ST-ZIP **LONGWOOD FL 32750**		1.4 CITY-ST-ZIP *Longwood, FL 32750*	
TITLE **VP**	☐ DELETE	2.1 TITLE *VP*	☒ Change ☐ Addition
NAME **IZQUIERDO, JENNIFER**		2.2 NAME *DE Vivo, Jenniffer*	
STREET ADDRESS **1225 BENNET DR., UNIT 151**		2.3 STREET ADDRESS *1225 Bennett Dr. Suite 100*	
CITY-ST-ZIP **LONGWOOD FL 32750**		2.4 CITY-ST-ZIP *Longwood, FL 32750*	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (11/98)

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 _____   *1/12/99*   (407) 767-7156

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #