Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90160 049 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000025802

1. Corporation Name

STREET ADDRESS

CITY-ST-ZIP

ENTREPRENEURIAL ENTERPRISES, INC.

Principal Flace of Business Mailing Address										
198 W. LAKE D		198 W. LAKE DR. Hallandale fl 33009								
HALLANDALE F	L 33009					DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualifed	114 11 10 1			
						03/17/1997				İ
2 Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number			Appl	ied For
21	aco of Edginoso	26				65-0734176		}	 -	Applicable
Suite, Apt.	# etc.	Suite, Apt. #, etc.						\$8.7	ь—-	Iditional
22	,, ,,	27				5. Certificate of Status Desired	3		e Req	
City & State	e	City & State				6 Election Campaign Financing		\$5.	00 1/	1ay Be
23		28				Trust Fund Contribution			led to	
Zip	Cour try	Zip	Cour	ntry		8. This corporation owes the current	year nta	ngible		
24	25	29	30			Persor al Property Tax.		Yes	{}	<u></u> 1√0
.=-1	9. Name and Address of Currer	nt Registered Agent				10. Name and Address of New Rec	jistered A	gent		
				81	Name					1
	IMARANO, ROY F		-	82	Stroot Acdre	ess (P.O. Box Number is Not Acceptable				
198 W. LAKE DR.				82 Street Acor		ess (F.C. Box Humber to Het Fledepisson	-,			
HALL	LANDALE FL 33009		Ì	83						
				_				105	7:n C	
				84	City		FL	85	Zip C	xue
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was a	uthorized	by the	e corporatio	oration submits this statement for the pu on's board of cirectors. I hereby accept the	he appoin	tment a	s regi	stered
CICNATURE										-
SIGNATURE	Signature, typed or printed nar ve of registered age	nt and title if applicable (NOTE			ignature required	d when reinstating)	DATE			
SIGNATURE		IC DIRECTORS			ignature required	d when reinstating) ADDITIC NS/CHANGES TO OFFICE				
	D DFFICERS AND		: Registered	Agent si	ignature requirec			D DIRE		S IN 12
12.	OFFICERS AN	IC DIRECTORS	Registered	Agent si	ignature required					
12. †mLE	D DFFICERS AND	IC DIRECTORS	13- 1,1 TIV	Agent si	ognature required					
12. TITLE NAME	D CAMMARANO, RCY F	IC DIRECTORS	13. 1.1 TIV 1.2 NA 1.3 STI	Agent si	DORESS					Addition
12. TITLE NAME STREET ADDRES S	D CAMMARANO, RCY F 198 W. LAKE DR.	IC DIRECTORS	13. 1.1 TIV 1.2 NA 1.3 STI	Agent si LE ME REET AC Y-ST-Z	DORESS				nge	
12. TITLE NAME STREET ADDRES S CITY-ST-ZIP	D D CAMMARANO, RCY F 198 W. LAKE DR. HALLANDALE FL 33009	NE DIRECTORS	13. 1.1 TW 1.2 NA 1.3 STI 1.4 CIT	Agent si LE ME REET AC Y-ST-Z	DORESS			☐ Cha	nge	Addition
12. TITLE NAME STREET ADDRES S CITY-ST-ZIP TITLE	D D CAMMARANO, RCY F 198 W. LAKE DR. HALLANDALE FL 33009	NE DIRECTORS	13. 1.1 TW 1.2 NA 1.3 STI 1.4 CIT 2.1 TIT 2.2 NA	Agent si LE ME REET AC Y-ST-Z LE ME	DORESS			☐ Cha	nge	Addition
12. TITLE NAME STREET ADDRES S CITY-ST-ZIP TITLE NAME STREET ADDRES S	D CAMMARANO, RCY F 198 W. LAKE DR. HALLANDALE FL 33009 D CAMMARANO, MARY J	NE DIRECTORS	13. 1.1 TW 1.2 NA 1.3 STI 1.4 CIT 2.1 TIT 2.2 NA 2.3 STI	Agent si LE ME REET AC Y-ST-Z LE ME	DORESS PIP DORESS			☐ Cha	nge	Addition
12. TITLE NAME STREET ADDRES S CITY-ST-ZIP TITLE NAME	D CAMMARANO, RCY F 198 W. LAKE DR. HALLANDALE FL 33009 D CAMMARANO, MARY J 198 W. LAKE DR.	NE DIRECTORS	13. 1.1 TW 1.2 NA 1.3 STI 1.4 CIT 2.1 TIT 2.2 NA 2.3 STI	Agent si	DORESS PIP DORESS			☐ Cha	nge	Addition
12. TITLE NAME STREET ADDRES S CITY-ST-ZIP TITLE NAME STREET ADDRES S CITY-ST-ZIP	D CAMMARANO, RCY F 198 W. LAKE DR. HALLANDALE FL 33009 D CAMMARANO, MARY J 198 W. LAKE DR.	DELETE	13. 1.1 W 12 NA 1.3 SW 1.4 CIT 2.1 TIT 2.2 NA 2.3 STI 2.4 CI	Agent si LE ME REET AC Y-ST-Z LE ME REET AC TY-ST-Z	DORESS PIP DORESS			☐ Cha	nge	Addition
12. TITLE NAME STREET ADDRES S CITY-ST-ZIP TITLE NAME STREET ADDRES S CITY-ST-ZIP TITLE	D CAMMARANO, RCY F 198 W. LAKE DR. HALLANDALE FL 33009 D CAMMARANO, MARY J 198 W. LAKE DR.	DELETE	13. 1.1 TV 12 NA 1.3 STI 1.4 CIT 2.1 TIT 2.2 NA 2.3 STI 2.4 CI 3.1 TIT 3.2 NA	Agent si	DORESS PIP DORESS			☐ Cha	nge	Addition
12. TITLE NAME STREET ADDRES S CITY-ST-ZIP TITLE NAME STREET ADDRES S CITY-ST-ZIP TITLE NAME STREET ADDRES S STREET ADDRES S	D CAMMARANO, RCY F 198 W. LAKE DR. HALLANDALE FL 33009 D CAMMARANO, MARY J 198 W. LAKE DR.	DELETE	13. 1.1 TV 12 NA 1.3 STI 2.1 TIT 2.2 NA 2.3 STI 2.4 CC 3.1 TIT 3.2 NA 3.3 STI	Agent si	DORESS DORESS DDRESS			☐ Cha	nge	Addition
12. TITLE NAME STREET ADDRES S CITY-ST-ZIP TITLE NAME STREET ADDRES S CITY-ST-ZIP TITLE NAME	D CAMMARANO, RCY F 198 W. LAKE DR. HALLANDALE FL 33009 D CAMMARANO, MARY J 198 W. LAKE DR.	DELETE	13. 1.1 TV 12 NA 1.3 STI 2.1 TIT 2.2 NA 2.3 STI 2.4 CC 3.1 TIT 3.2 NA 3.3 STI	Agent si LE ME REET AG TY-ST-Z LE ME REET AG TY-ST-Z LE ME REET AG TY-ST-Z	DORESS DORESS DDRESS			☐ Cha	nge	Addition
12. TITLE NAME STREET ADDRES S CITY-ST-ZIP TITLE NAME STREET ADDRES S CITY-ST-ZIP TITLE NAME STREET ADDRES S CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE	D CAMMARANO, RCY F 198 W. LAKE DR. HALLANDALE FL 33009 D CAMMARANO, MARY J 198 W. LAKE DR.	DELETE	13. 1.1 TV 12 NA 1.3 STI 2.2 NA 2.3 STI 2.4 CC 3.1 TIT 3.2 NA 3.3 STI 3.4. CC 3.4 CC	Agent si LE ME REET AG Y-ST-Z LE ME REET AG TY-ST-G LE ME REET AG TY-ST-G LE	DORESS DORESS DDRESS			☐ Cha	nge	Addition Addition
12. TITLE NAME STREET ADDRES S CITY-ST-ZIP TITLE NAME	D CAMMARANO, RCY F 198 W. LAKE DR. HALLANDALE FL 33009 D CAMMARANO, MARY J 198 W. LAKE DR.	DELETE	13. 1.1 W 12 NA 1.3 STI 1.4 CIT 2.1 TIT 2.2 NA 2.3 STI 2.4 CT 3.1 TIT 3.2 NA 3.3 STI 3.4 CT 4.1 TIT 4.2 NA	Agent si	DORESS DORESS DDRESS			☐ Cha	nge	Addition Addition
12. TITLE NAME STREET ADDRES S CITY-ST-ZIP TITLE NAME STREET ADDRES S STREET ADDRES S	D CAMMARANO, RCY F 198 W. LAKE DR. HALLANDALE FL 33009 D CAMMARANO, MARY J 198 W. LAKE DR.	DELETE	13. 1.1 W 12 NA 1.3 STI 2.1 TIT 2.2 NA 2.3 STI 2.4 CT 3.1 TIT 3.2 NA 3.3 STI 4.4 CT 4.1 TIT 4.2 NA 4.3 STI	Agent si	DORESS ZIP DORESS ZIP DORESS			☐ Cha	nge	Addition Addition
12. TITLE NAME STREET ADDRES S CITY-ST-ZIP	D CAMMARANO, RCY F 198 W. LAKE DR. HALLANDALE FL 33009 D CAMMARANO, MARY J 198 W. LAKE DR.	DELETE	13. 1.1 W 12 NA 1.3 STI 2.1 TIT 2.2 NA 2.3 STI 2.4 CT 3.1 TIT 3.2 NA 3.3 STI 4.4 CT 4.1 TIT 4.2 NA 4.3 STI	Agent si	DORESS ZIP DORESS ZIP DORESS			☐ Cha	nge nge	Addition Addition
12. TITLE NAME STREET ADDRES S CITY-ST-ZIP TITLE	D CAMMARANO, RCY F 198 W. LAKE DR. HALLANDALE FL 33009 D CAMMARANO, MARY J 198 W. LAKE DR.	DELETE DELETE DELETE	13. 1.1 W 12 NA 1.3 STI 1.4 CIT 2.2 NA 2.3 STI 2.4 CT 3.1 TIT 3.2 NA 3.3 STI 4.1 TIT 4 2 NA 4.3 STI 4.4 CIT 4.	Agent si	DORESS ZIP DORESS ZIP DORESS			☐ Cha	nge nge	Addition Addition Addition
12. TITLE NAME STREET ADDRES S CITY-ST-ZIP TITLE NAME	D CAMMARANO, RCY F 198 W. LAKE DR. HALLANDALE FL 33009 D CAMMARANO, MARY J 198 W. LAKE DR.	DELETE DELETE DELETE	13. 1.1 W 12 NA 1.3 STI 1.4 CIT 2.2 NA 2.3 STI 2.4 CIT 3.1 TIT 3.2 NA 3.3 STI 4.4 CIT 4.1 TIT 4.2 NA 4.3 STI 4.4 CIT 5.1 TIT 5.2 NA	Agent si	DORESS ZIP DORESS ZIP DORESS			☐ Cha	nge nge	Addition Addition Addition
12. TITLE NAME STREET ADDRES S CITY-ST-ZIP D CAMMARANO, RCY F 198 W. LAKE DR. HALLANDALE FL 33009 D CAMMARANO, MARY J 198 W. LAKE DR.	DELETE DELETE DELETE DELETE	13. 1.1 TV 12 NA 1.3 STI 2.1 TIT 2.2 NA 2.3 STI 3.2 NA 3.3 STI 4.1 TIT 4 2 NA 4.5 STI 4.4 CIT 5.1 TIT 5.2 NA 5.3 STI	Agent si	DORESS ZIP DORESS ZIP DORESS ZIP DORESS			☐ Cha	nge nge	Addition Addition Addition	
12. TITLE NAME STREET ADDRES S CITY-ST-ZIP TITLE NAME	D CAMMARANO, RCY F 198 W. LAKE DR. HALLANDALE FL 33009 D CAMMARANO, MARY J 198 W. LAKE DR.	DELETE DELETE DELETE DELETE	13. 1.1 TV 12 NA 1.3 STI 2.1 TIT 2.2 NA 2.3 STI 3.2 NA 3.3 STI 4.1 TIT 4 2 NA 4.5 STI 4.4 CIT 5.1 TIT 5.2 NA 5.3 STI	Agent si	DORESS ZIP DORESS ZIP DORESS ZIP DORESS			☐ Cha	nge nge	Addition Addition Addition

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with his 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. So no application ent with an address, with all other like empowered. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR