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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1**9**98

DOCUMENT # P9700046678 (3)

FILED May 04 1998 8:00am Secretary of State

	ENTERPRISE R INC	Mailing Address			
12406 152ND STREET NORTH 12406 152ND STREET NORTH JUPITER FL 33458 JUPITER FL 33458				DO NOT WRITE IN TH	US SPACE
				3. Date Incorporated or Qualified	IIO DI AGE
				05/27/1997	
2. Principal !	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-875817B	Not Applicable
Suite, Apt	. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & Sta		27		G. Commodic of Citation Decirco	Fee Required
23	ie	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	28]	Country	Trust Fund Contribution	Added to Fees
24	25		o	8. This corporation owes or has paid the Personal Property Tax due June 30.	Current year intangible ☑ Yes ☐ No
	9. Name and Address of Curren		<u> </u>	10. Name and Address of New Registers	
ST	FANLEY, PATRICIA		81 Name	rricia Stanley ess (P.O. Box Number is Not Acceptable)	
5119 SE DELL ST.			82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
	TUART FL 33475		<u> 12</u>	406 152 ad 5+ N	
1			[83] T.,	s tea	
			84 City		85 Zip Code
44 Pureuppt	to the provisions of Soctions 607.050	2 and 607 1500. Florida Stat. 4-a		<u> </u>	·
office or	registered agent, or both, in the State	of Florida. Such change was auf	, the above-named corporalise thorized by the corporalise corporal	oration submits this statement for the purpose on's board of directors. I hereby accept the a	3 of changing its registered appointment as registered
	am familia with, and accept the obliga	itions of, Section 607.0505, Florid	da Statutes.	07 410 00	
SIGNATURE	Standure, typed or pribled name of medium age	JAMES E ST of and late if applicable. (NOTE F	Topistered Agent signature require	d when reinstating) DATE	
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	Ď	DELETE	1.1 TITLE		Change Addition
NAME	STANLEY, JAMES E		1.2 NAME		2
STREET AODRESS	P.O. BOX 936		1.3 STREET ADDRESS		Ċ
CITY-ST-ZIP	HOBE SOUND FL 33475	Decem	1.4 CITY - ST - ZIP		
TITLE	D DATABLE V DATOIGIA	[_] DELETE	2.1 TITLE		☐ Change ☐ Addition C
NAME ATREET ADDRESS	STANLEY, PATRICIA		2.2 NAME		
STREET ADDRESS	12406 152ST NORTH		2.3 STREET ADDRESS		
CITY-ST-ZIP	JUPITER FL 33458	DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		Change Addition
NAME	STANLEY, RACHEL		3.2 NAME		. Single
STREET ADDRESS	190 112TH AVE. APT. #713		3.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL 33716		3.4. CITY- \$1 - ZIP	•	
TITLE		☐ DELET E	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 TITLE		☐ DELETE	5.4 C(IY-SI-ZIP		Character T Address
NAME			6.1 TITLE		Change Addition
STREET ADDRESS			6.2 NAME		
CITY-ST-ZIP			6.3 STREET ADDRESS		
	certify that the information supplied wil	th this filing does not qualify for t	6.4 CITY-\$T-ZIP he exemption stated in S	Section 119 07/3Vi). Florida Statutes, Lifurther	certify that the information

4. 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.