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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT CONTATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700060363 (3)

FILED
Jul 13 1998 8:00am
Secretary of State

1. Corporatio	ER ENTERPRISES CORP.	000000 (0)						
Principal Place of Business Mailing Address						1 10011001 110 10411 10011 0011 E8411 0	AILI ABILA ABILA	
1420 SOUTHE CAPE CORAL	AST 3RD STREET FL 33990	1420 SOUTHEAST 3RD S CAPE CORAL FL 33990	O SOUTHEAST 3RD STREET PE CORAL FL 33990			DO NOT WIDIT	E IN THIS SPACE	-
					}	3. Date Incorporated or Qualified		
					1	07/11/1997		
2. Principal P	lace of Business	2a. Mailing Address				4. REI Number		Applied For
21		26				65-0766379	. •	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					<u> </u>	.75 Additional
22		27				5. Certificate of Status Desired		ee Required
City & State	9	City & State				6. Election Campaign Financing	\$	5.00 May Be
23		28				Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Countr	У)	8, This corporation owes or has p		
24	25	29	30			Personal Property Tax due Jun		
<u> </u>	9. Name and Address of Currer	nt Registered Agent				10. Name and Address of New R	egistered Agent	
	ERILAWYER CHARTERED		81	Name	V.	lalcocco		
343 ALMERIA AVENUE				Street	t Address (P.O. Box Number is Not Acceptable)			
CO	RAL GABLES FL 33134			159	<u> 20</u>	be 40th street a	346°C	
			83	'				
			84	City		,	85	Zip Code
11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the office or registered agent, or both, in the State of Florida. Such change was authorized agent. I am familiar with and procept the onligations of, Section 607.0505, Florida.				Cap	e co	ral		33914
11. Pursuant office or r	to the provisions of Sections 607.050 ealstered agent, or both, in the State	32 and 607.1508, Florida Statut e of Florida. Such change was :	es, the abov authorized b	re-named by the cori	f corpora poration	ition submits this statement for the 's board of directors. I hereby acce	purpose of chan opt the appointme	ging its registered ent as registered
agent I a	m familiar with and accept the oblig	ations of, Section 607.0505, Fl	orida Statute	s.	•	1.	170100)
SIGNATURE		= *					0-1	
	Stgnature, typed or printed name of registered age	 	E Registered Ag	ent signature	e required w	· · · · · · · · · · · · · · · · · · ·	DATE DIDE	CTORC IN 12
12. TITLE			1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS AN		CERS AND DIRE	
NAME	BASSLER, ARMIN					2 Roese		
STREET ADDRESS	4444 001 101 101 400 400 400					ios se 40 th street; ste. c		
CITY-ST-ZIP	CAPE CORAL FL 33990	ulo f			1 '			
TITLE	h	DELETE	21 TITLE	51- Lir		pe coral, FL 33	CI	hange Addition
NAME	BASSLER, ARMIN		2.2 NAME		1		_	· –
STREET ADDRESS	1420 SOUTHEAST 3RD STRE	FFT		T ADDRESS				
CITY-ST-ZIP	CAPE CORAL FL 33990		2.4 CITY - ST - ZIP					
TITLE		☐ DELETE	3.1 TITLE	O. E.			C	nange Addition
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREE	I ADDRESS				
CITY-ST-ZIP			3.4. CITY					
TITLE		DELETE	4.1 Title				CI	hange Addition
NAME			4. 2 NAM	Ī				
STREET ADDRESS			4.3 STREE	T ADDRESS				1
CITY-ST-ZIP			4.4 CITY-					İ
TITLE		☐ DELETE	5 1 TITLE	·			☐ Cł	nange 🔲 Addition
NAME			5.2 NAME	']			
STREET ADDRESS			5.3 STREE	T ADDRESS				
CITY-ST-ZIF	_		5.4 CITY	ST - 7IP				
TITLE		☐ DELE TE	6.1 TITLE				CI	hange
NAME			5.2 NAME			50000258	38175	N 12
STREET ADDRESS			6.3 STREE	1 ADDRESS		-07/14/98010 ***150.00	50003	1,127
CITY-ST-ZIP			64 CITY-	ST - 7IP		***15U.UU		_/1
A. I horoby c	pertify that the information surplied w	ith this filing doos not qualify for	or the over	tion olok	od in Co	tion 140 07/2)(i) Elector Statutos	I forther a settle 1	and the animal and animal anim

4. I hereby certify that the information supplied with this filling 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 eath; that I am an officer or director of the corporation or the received 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 you an attach increase.

Was Robert De