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



COF	PROFIT RPORATION JAL REPORT 1998	FLORIDA DEPARTI Sandra B. I Secretary DIVISION OF CO	Mortham of State	May 08 19 Secretary	
1	MENT # P97000 NTERPRISES, INC.	073060 (0)			
Principal Place of Business Mailing Address 1805 MAIN STREET 1805 MAIN STREET SUITE 1001 SUITE 1001 SARASOTA FL 34236 SARASOTA FL 34238				DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 08/22/1997	
2304 Suite, Apt.	OTA, FL	28. Mailing Address 26	Country	4. FET Number 6. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 8. This corporation owes or has paid the of Personal Property Tax due June 30.	Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees current year Intanolble Yes IP No
9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SUSAN W. BUTCHER 82 Street Address (P.O. Box Number is Not Acceptable) 2304 NOVUS STREET 83 Street Address (P.O. Box Number is Not Acceptable) 84 City SARASOTA 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, I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes.					
SIGNATURE	Acres W. X	and little if applicable (NOTE F			V/29 98
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUTCHER, MICHAEL S 1605 MAIN STREET STE. 100 SARASOTA FL 34236	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	DPST BUTCHER, MICHAEL S. 2304 NOVUS STREET Sarasota, FL 34237	ND DIRECTORS IN 12 Change Addition D
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		Change Addition 5
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS		☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS		Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS		Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ DELETE	5.4 City-St-Zip 6.1 Title 6.2 Name 6.3 Street address		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 foccious of 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.

FILED