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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 17 1998 8:00am Secretary of State

	MENT # P9700 Enterprises, Inc.	0075104 (4))			ATA: AIIT: IIA: AA	#11 419 1 1 4 6 1
Principal Place of Business Mailing Address			· · · · · · · · · · · · · · · · · · ·			7983 BIIDI KIEN BBI	
\$703 RAINTREE TRAIL 5703 RAINTREE							
FORT PIERCE FL 34982 FORT PIERCE FL 34982					DO NOT WRITE IN THI	S SDACE	
					3. Date Incorporated or Qualified 08/29/1997	3 01 702	
2. Principal Place of Business 2a. Mailing Address				4. FEt Number	Ar	oplied For	
21 26					65-0795911		ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 / Fee Re		
City & State		City & State		6 Floation Compaign Financing			
23		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added t		
Zip	Country	Zip	Count	try	8. This corporation owes or has paid the c		
24	25	29	30		Personal Property Tax due June 30.		9 No
-	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registers	d Agent	
GILMORE, KENNETH			6	1 Name			
5703 RAINTREE TRAIL			8	2 Street Ad	dress (P.O. Box Number is Not Acceptable)		
FORT PIERCE FL 34982			_	<u> </u>			
			8	3			
			8	4 City	F	85 Zip (Code
11. Pursuant t	to the provisions of Sections 607.050	2 and 607 1508 Florida Statu	tes the abo	ve-named co			e registered
office or re agent. I as	egistered agent, or both, in the State m familiar with, and accept the oblig	of Florida. Such change was ations of, Section 607.0505, F	authorized lorida Statut	by the corpores.	rporation submits this statement for the purpose alion's board of directors. I hereby accept the a	pointment as	registered
SIGNATURE	 						
12.	Signature, typed or printed name of registered age OFFICERS AN	D DIRECTORS	13.	gent signature req	uired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AI	VD DIRECTOR	IS IN 12
TITLE	D	DELETE	1.1 TITLE	: I	7.551161636184162616 70 6117521674	Change	Addition
NAME	GILMORE, KENNETH		1.2 NAME				
STREET ADDRESS	5703 RAINTREE TRAIL		1.3 STAE	et address			
CITY-ST-ZIP	FORT PIERCE FL 34982		1.4 CITY	- ST - ZIP			
TITLE		☐ DELETE	2.1 TITLE			☐ Change	Addition
NAME			2.2 NAM	Ē			
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP TITLE	DELETE		2. 4 CITY			Change	Addition
NAME			3.1 TITLE 3.2 NAMI	ŀ		C) Change	L AUGILION
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP			3.4. CITY	1			
TITLE	•	DELETE	4.1 TITLE			Change	Addition
NAME			4. 2 NAM	E		•	_
STREET ADDRESS			4.3 STREE	ET ADDRESS			
CITY-ST-ZIP			4.4 CITY	ST-ZIP			
TITLE			5.1 TITLE			Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREI	ET ADDRESS			
CITY-ST-ZIP			5.4 CITY-			<u> </u>	4 4 100
TITLE		☐ DELET E	6.1 TITLE			Change	☐ Addition
NAME CORET ADDRESS			6.2 NAME				
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP			6.4 CITY	51-ZIP			

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.