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

-- PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1. Corporal	JMENT # P97000 ENTERPRISES, INC.	0078483		02-10-1999 90	
		•			
Principal Pla					
13030 NW 5' PLANTATION	DO NOT W				
				3. Date Incorporated or Qualife 09/10/1997	
2. Principa	Place of Business	2a. Mailing Address	<u> </u>		
21			26		
Suite, A	pt. #, etc.	27 Suite, Apr. #, etc.	.'. Suite, Apt. #, etc.		
City & S		City & State	· City & State		
Zip	Country	. Zip	Country	This corporation owes the or Personal Property Tax.	
24	25		30	10. Name and Address of Ne	
	9. Name and Address of Curr	ent Registered Agent	81 Nan		
	OOK, LAURA				
	3030 NW 5TH STREET	Address (P.O. Box Number is Not Acce			
PI	LANTATION FL 33325	•			
1.		**	84 City	The second secon	
	ant to the provisions of Sections 607.0 or registered agent, or both, in the Sta I am familiar with, and accept the obli	te of Fiorida. Silch chande was au	inonzeu ov ule co	ed corporation submits this statement for to proporation's board of directors. I hereby ac	
SIGNATUR	RE			and the sole states	
	Signature, typed or printed name of registered a	ngent and fitte if applicable. (NOTE: AND. DIRECTORS	Registered Agent signate	ADDITIONS/CHANGES TO	
12.		DELETE	1.1 TITLE		
TITLE	D		1.2 NAME		
NAME	COOK, LAURA	1.2 NAME			

FILED Feb 10, 1999 8:00am **Secretary of State**

02-10-1999 90074 039 ***150.00



Principal Place	of Business	Mailing Address						
13030 NW 5TH STREET 13030 NW 5TH STREET								
PLANTATION FL 33325 PLANTATION FL 33325					DO NOT WRITE IN THIS SPACE			
						SPACE		
	• • •	••			3. Date Incorporated or Qualifed			
					09/10/1997			
2 Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Ar.	plied For	
─ ¬ '	000 0. 200022	26			65-0833924	No	t Applicable	
21	# ata	Suite, Apt. #, etc.			_	\$8.75	Additional	
Suite, Apt.	#, etc.				5. Certifcate of Status Desired	Fee Re		
22	<u> </u>	27			The state of the s	\$5.00		
City & State		City & State			6. Election Campaign Financing	\$5.00 Added		
23		28			Trust Fund Contribution		01662	
Zip	Country	Zip	Zip Country		8. This corporation owes the current year Intangible			
24	25	29 30	<u> </u>		Personal Property Tax.	☐ Yes	<u> 446</u>	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered	Agent		
			81	Name				
COO	ik, laura	* 4	<u> </u>		(D.C. Day M. Than in Mak Associable)			
	O NW 5TH STREET		82 Street Addi		dress (P.O. Box Number is Not Acceptable)			
	NTATION FL 33325		83		1 mg 23 fet tot 1 mg 2 mg	**************************************	3 5 11 20	
PLA	VIATION FL 35325	*, *	ြတ္မ		1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1			
		•.	84	City	The state of the s	85 Zip	Code	
•			! !		<u>FL</u>	<u>- </u>		
14 Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the above	-named corp	poration submits this statement for the purpose of ion's board of directors. I hereby accept the appo	changing its	registered	
office or	egistered agent, or both, in the State of	Florida: Such change was auth	orized by	the corporation	ion's board of directors. I hereby accept the appo	intment as re	gistereo	
, agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Florida	Statutes	•				
SIGNATURE	- 4			T	ed when reinstating)		·	
	Signature, typed or printed name of registered agent		<u> </u>	t signature require	ADDITIONS/CHANGES TO OFFICERS AT	ID DIRECTO	DRS IN 12	
12	OFFICERS AND		13.			Change	Addition	
TITLE	D	☐ DELETE	1.1 TITLE		The Control of the Control		_	
NAME	COOK, LAURA		1.2 NAME					
STREET ADDRESS	13030 NW 5TH STREET	4	1.3 STREET	ADDRESS				
CITY-ST-ZIP	PLANTATION FL 33325	<i>‡</i>	1,4 CITY-S	T-ZIP	<u></u>			
TITLE	SD	DELETE	2.1 TITLE		.	☐ Change	☐ Addition	
	,	•	2.2 NAME					
NAME	COOK, KEVIN C	•						
STREET ADDRESS	13030 N.W. 5TH STREET		2.3 STREET	ADDRESS	•	•		
CITY-ST-ZIP*	PLANTATION FL 33325	• • •	2.4 CITY-S	T-ZIP	<u> </u>		TT Addition	
TITLE		☐ DELETE	3.1 TITLE	1		☐ Change	Addition	
NAME			3.2 NAME		·			
	* * * · ·		3.3 STREET	ADDRESS	and the second s		: 50, Jp	
STREET ADDRESS					· · · · · · · · · · · · · · · · · · ·			
CITY-ST-ZIP		F) belete	3.4. CITY-S	11-20	77.50.45 25 27.	☐ Change	Addition	
TITLE	, , ,	· DELETE	4.1 TITLE	İ				
NAME			4.2 NAME					
STREET ADDRESS	ļ. , <u>, , , , , , , , , , , , , , , , , ,</u>		4.3 STREE	T ADDRESS			-	
CITY-ST-ZIP]	. :	4.4 CITY-S	T- ZIP				
TITLE		☐ DELETE	5.1 TITLE			Change	☐ Addition	
	:	_	5.2 NAME		0.0]	
NAME].			T ADDRESS	• * *			
STREET ADDRESS		-			Mark Mark			
CITY-ST-ZIP			5.4 CITY-S	1-41	<u> </u>	Change	Addition	
TITLE	L	_ DELETE	6.1 TITLE			- Criange	L Addison	
NAME	[Y		6.2 NAME				ļ	
STREET ADDRESS	, V		6.3 STREE	TADORESS	•		1	
	1		6.4 CITY-S	T-ZIP				
CITY-ST-7IP	1							

CITY-ST-ZIP 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 receiver or to stee 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 or an attachment with an address, with all other like empowered.

SIGNATURE: