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 .

May 08, 1999 8:00 am Secretary of State

05-08-1999 90043 012 ***150.00

DOCUMENT # P97000079188

1. Corporation Name

JOHN TE	ERRY ENTERPRISES INC							
Principal Place of Business Mailing Address							. 88151 (8818 1818) 519	
148 CORDOBA CIR. 148 CORDOBA CIR. ROYAL PALM BEACH FL 33411 US US						DO NOT WRITE IN	THIS SPACE	
						3. Date Incorporated or Qualifed		
}						09/11/1997		
Principal Place of Business 2a. Mailing Address						4. FEI Number		Applied For
21 26						65-0778581		Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27						5. Certifcate of Status Desired	* · · · · -	Additional Required
City & State City & State 28						6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip				itry		8. This corporation owes the current ye	ar Intangible	
24	25 29 30		30			Personal Property Tax.	Yes	□No
9. Name and Address of Current Registered Agent						10. Name and Address of New Regist	ered Agent	
			[*	81	Name			
TERRY, JOHN 148 CORDOBA CIR.				82	Street Addre	ss (P.O. Box Number is Not Acceptable)		
ROYAL PALM BEACH FL 33411			-	83				
				84	City		85 Zip	Code
					•		FL	
office or re agent. I ar SIGNATURE	egistered agent, or both, in the State on familiar with, and accept the obligat	of Florida. Such change was au tions of, Section 607.0505, Flor	utnorized rida Statu	by tr tes.	ne corporation	ration submits this statement for the purpor's board of directors. I hereby accept the	арролипен аз і	registered
	Signature, typed or printed name of registered agen			Agent :	signature required	111111111111111111111111111111111111111	TÉ AND DIDECT	TODE IN 12
12.			13.	_		ADDITIONS/CHANGES TO OFFICER	Change	
TITLE	DPT	□ DECE IE						
NAME	TEINT, COTHY		1.2 NAM			•		
STREET ADDRESS				1.3 STREET ADDRESS				
CITY-ST-ZIP			1.4 CIT		ZIP		Change	e
mn.e }	0.		2.1 TIΠ					,
NAME	1 Elitti, Collin Cit		2.2 NAM					
STREET ADDRESS	. 555 255 577.227				ADDRESS			
CITY-ST-ZIP			2. 4 CIT		- ZiP		☐ Change	e 🔲 Addition
TITLE	DS ANNA							
NAME	TERRY, ANNA		3.2 NA		1000000			
STREET ADDRESS	7955 LOOMIS STREET				ADDRESS			
CITY-ST-ZIP	LANTANA FL 33462	□ DELETE	3.4. CIT 4.1 TITI		- 2117		☐ Change	e Addition
TITLE			4.1 IIILE 4. 2 NAME					_
NAME					nnoess			
STREET ADDRESS			1	4.3 STREET ADDRESS 4.4 CITY-ST-ZIP				
CITY-ST-ZIP TITLE			_	5.1 TITLE			☐ Change	e Addition
NAME	_			5.2 NAME				ļ
					ADDRESS			
STREET ADDRESS			5.4 CIT					ļ
CITY-ST-ZIP			6.1 TITI				☐ Change	e 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 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, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

DELETE

SIGNATURE:2

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR