

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

DOCUMENT # P97000088815 ✓
1. Corporation Name
Foster & Foster Enterprises, Inc.

99 MAY 10 AM 10:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
8640 N.W. 51 ST. **8640 N.W. 51 ST.**
LAUDERHILL, FL 33351 **LAUDERHILL, FL 33351**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
Oct. 13, 1997

4. FEI Number
65-0789555

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax ☐ ☒ **NO**

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

IRENE ADAMS
8640 N.W. 51 ST.
LAUDERHILL, FL 33351

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

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, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE **IRENE ADAMS, Director**

Irene Adams

4-22-99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D ADAMS, IRENE**
STREET ADDRESS **8640 N.W. 51 ST.**
CITY-STATE-ZIP **LAUDERHILL, FL.**

TITLE ☐ DELETE
NAME **D RICHARD FOSTER**
STREET ADDRESS **8640 N.W. 51 ST.**
CITY-STATE-ZIP **LAUDERHILL, FL.**

TITLE ☐ DELETE
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CITY-STATE-ZIP

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82 STREET ADDRESS

83 CITY-STATE-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a), 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 exercise this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 if changed, or on an attachment with an address, with all other like information.

SIGNATURE: **Irene Adams, Director**

4-22-99

954-742-0592

CR2E034 (11-198)