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

PROFIT CORPORATION ANNUAL REPORT

1998

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000090173 (0)

ENTERPRISING SPIRITS, INC.

Principal Place of Business Mailing Address

\$180 ZAHARIAS DRIVE \$180 ZAHARIAS DRIVE

FILED Apr 08 1998 8:00am Secretary of State



ORLANDO FL 32837 ORLANDO FL 32837 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>10/20/1997</u> 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 22 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes 24 25 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent A1 Name WATSON, ROBIN TANYA 3190 ZAHARIAS DRIVE Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32837 83 84 City Zip Code FL 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. Thereby accept the appointment as registered agent. I am tampliar with, and accept the obligations of Sedito 607.0505, Florida Statutes.

SIGNATURE

SIGNATURE gistered An 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE 1.1 TITLE WATSON, ROBIN TANYA 1.2 NAME NAME 3190 ZAHARIAS DRIVE STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL 32837 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 2.1 TITLE Channe Addition TITLE WATSON, BRAIN K NAME 22 NAME STREET ADDRESS 3190 ZAHARIAS DRIVE 2.3 STREET ADDRESS ORLANDO FL 32837 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE 3.1 TITLE Change \_\_\_ Addition TITLE NAME 3.2 NAME STREET ADORESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition Change TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP Addition DELETE Change TITLE 61 TITLE NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP CHY-ST-ZIP

14. Thereby 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 suppliemental 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.

SIGNATURE:

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