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

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

| · · | on Name ENTERP | RISES, INC. | 009 | 1213 (3) | | | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|---------------------------|-----------------|---------------------|-----------------------|-------------------------------------|-----------------------|-------------------------------------------------------------------------------|--------------------------|--------------------------|---------------------------------|
| Principal Pla | ce of Busines | s | Mai | ling Address | | | | -{ | | | |
| 13883 WALSINGHAM ROAD 13883 WALSINGHAM ROAD | | | | | | | | | | | |
| LARGO FL 33773 LARGO FL 33773 | | | | | | | | | | | |
| | | | | | | | | DO NOT WRITE | E IN THIS | SPACE | |
| | | | | | | | | 3. Date Incorporated or Qualified 10/23/1997 | | | |
| | Place of Busin | ness | | 2a. Mailing Address | | | | 4. FEI Number | | - | Applied For |
| 21 Suite Ant 4 of 2 | | | | Suite, Apt. #, etc. | | | | • 59-3477862 | | | Vot Applicable |
| Suite, Apt. #, etc. | | | | 27 | | | | 5. Certificate of Status Desired | | 7 | Additional Regulred |
| City & State | | | | City & State | | | | 6. Election Campaign Financing | ···· | | May Be |
| 23 | | | | 28 | | | | Trust Fund Contribution | | | to Fees |
| Zip | Country | | | Zip Co | | | | 8. This corporation owes or has p | | _ · | |
| 24 | 25 29 | | | | 30] | Personal Property Tax due Ju | | | | _ | □ No |
| g, Name and Address of Current Registered Agent | | | | | | | Name | 10. Name and Address of New Ro | gistered | Agent | |
| | ARLAS, GEC | | | | 8 | | | | | | |
| | 16 TRADEV | | 82 Street A | | | ess (P.O. Box Number is Not Accepta | bie) | | | | |
| TARPON SPRINGS FL 34689 | | | | | | 3 | | | | | |
| | | | | | 8 | 4 | City | | | as Zis | Code |
| | | | | | | ' ' ' | | | FL | , ` ` | |
| Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the a office or registered agent or porty in the State of Florida. Such change was authorize agent. I am familiar with any accept the obligations of, Section 607.0505, Florida Statutes. | | | | | | | -named corporation | oration submits this statement for the on's board of directors. I hereby acce | purpose of pt the app | f changing ointment a | its registered is registered |
| SIGNATURE | States been | and name of registered as | i olly boe tong | applicable (NO) | IF: Registered A | pen | nt signature required | of when reinstation) | DATE | | |
| 12. | | OFFICERS AN | | | 13. | | | ADDITIONS/CHANGES TO OFFI | | DIRECTO | RS IN 12 |
| TITLE | P | | ٠ | DELETE | 1.1 TITLE | | | | | Change | |
| NAME | BARLAS | , George | | | 1.2 NAM | Ē | Ì | | | | |
| STREET ADDRESS | | | | | 1.3 STRE | ET A | ADDRESS | | | | |
| CITY-ST-ZIP | TARPON SPRINGS FL 34689 | | | | 1.4 CITY | | - ZIP | | | | |
| TITLE | • | | | DELETE | 2.1 TITLE | | | | | ☐ Change | ☐ Additioπ |
| NAME | | S, FRANK | . HT. 1 | | 2.2 NAMI | | | | | | |
| STREET ADDRESS | | RCURY AVENUE SOI | אוע | | 2.3 STRE | | | -4" | | | |
| CITY-ST-ZIP TITLE | CLEARY | VATER FL 33765 | | DELETE | 2.4 CITY 3.1 TITLE | | I-ZIP | | | Change | Addition |
| NAME | BARLAS | IFF | | | 3.1 THEE | | | | | onenge | Addition |
| STREET ADORESS | | ADEWINDS DRIVE | | | 3.3 STRE | | ADDRESS | | | | |
| CITY-ST-2IP | | I SPRINGS FL 34689 |) | | 3.4. CITY | | | | | | |
| TITLE | | | | DELETÉ | 4.1 TITLE | | | | | Change | Addition |
| NAME | | | | | 4. 2 NAM | E | | | | | |
| STREET ADDRESS | | | | | 4.3 STRE | ET A | ADDRESS | | | | |
| CITY-ST-ZIP | | | | | 4.4 CITY | ·ST- | - ZIP | | | | |
| TITLE | | | | ☐ DELETE | 5.1 TITLE | | | | | Change | Addition |
| NAME | | | | | 5.2 NAME | | | | | | |
| STREET ADDRESS | | | | | 5.3 STREE | | | | | | |
| CITY-ST-ZIP | | | | DELETE | 5.4 CITY - | | - ZIP | · | | Change | Addition |
| TITLE | | | | | 6.1 TITLE | | | | | Oranige | ווטוווטטא נייי |
| NAME STREET ADDRESS | | | | | 6.2 NAME | | *UUDEGG | | | | |
| STREET ADDRESS | | | | | 6.3 STREI | et A | IODHEGO | | | | |

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 changing on all achment with an address.

GEORGE RAPLAS

FILED

Mar 11 1998 8:00am

Secretary of State