## 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

## **FILED** Feb 21, 1999 8:00 am Secretary of State 02-21-1999 90055 034 \*\*\*150.00

Corporation	N ENTERPRISES GROUP, II										
Principal Place	e of Business	Mailing Address						iili Busil Bulul ( '	#### #################################		
5636 GRAND BLVD. 5636 GRAN			n								
NEW PORT RICHEY FL 34652 NEW PORT F											
							DO NOT	WRITE IN T	HIS SPACE		_
							<ol> <li>Date Incorporated or Qua 01/02/1998</li> </ol>	lifed			
2. Principal P	lace of Business	2a. Mailing Addre	ess				4. FEI Number		Api	olied For	1
21		26					- 5934 <i>8</i> 4	391	No	Applicable	1
Suite, Apt. #, etc.		Suite, Apt. #,	Suite, Apt. #, etc.				Comiteets of Status Basis		\$8.75 A	dditional	1
22		27	27				5. Certifcate of Status Desire	d 🗆	Fee Re	quired	
City & Stat	e	City & State					6. Election Campaign Finance	ing	\$5.00	May Be	'
23		28					Trust Fund Contribution		Added to	Fees	
Zip	Country	Zip		Country			8. This corporation owes the	current year	r Intangible		
24	25	29	30				Personal Property Tax.				
	9. Name and Address of Curren	t Registered Agent					10. Name and Address of N	ew Register	ed Agent		]
				81	Name						
SHELTON, DAVID G				82 Street Addre			(P.O. Box Number is Not Ac	rentable)			ł
	GRAND BLVD.					001633	(F.O. DOX HUIIDEI IS NOT AC	- Septable)			
NEW	PORT RICHEY FL 34652			83							1
				84	City				<b>EL</b> 85 Zip C	ode	
office or r agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation of the control of	of Florida. Such chanc	ie was autho	orized by	the corpora	orpora ation's	tion submits this statement for board of directors. I hereby a	the purpose ccept the ap	e of changing its pointment as rec	registered gistered	
SIGNATURE	Signature, typed or printed flame of registrated agen	and title Capplicable	(NOTE: Reg	istered Ager	nt signature requ	uired wh	en reinstating)	DATE			ء ا
12.	OFFICERS AN			13.			ADDITIONS/CHANGES TO	OFFICERS	AND DIRECTO	RS IN 12	ő
TITLE	D	☐ DE	LETE	1.1 TITLE					☐ Change	☐ Addition	= =
NAME	SHELTON, DAVID G			1.2 NAME							5
STREET ADDRESS	5636 GRAND BLVD.			1.3 STREET ADDRESS							č
CITY-ST-ZIP	NEW PORT RICHEY FL 34652			1.4 CITY-ST-ZIP							ត្រ
TITLE	D DELETE		LETE	2.1 TITLE			1		☐ Change	☐ Addition	٦
NAME	SHELTON, DEBORAH H			2.2 NAME							İ
STREET ADDRESS	5636 GRAND BLVD.			23 STREE	TADDRESS						
CITY-ST-ZIP	NEW PORT RICHEY FL 34652			2. 4 CITY+ST-ZIP							ļ
TITLE	DELETE		LETE	3.1 TITLE					☐ Change	Addition	l
NAME			•	3.2 NAME				-	_ •		-
STREET ADDRESS					TADDRESS						
CITY-ST-ZIP TITLE		□ DE	LETE	3.4. CITY-5	11-ZIF		<del></del>	<u> </u>	☐ Change	Addition	1
		_ 0.0		4. 2 NAME							
NAME					F 4 D D D F 0 0						İ
STREET ADDRESS					TADORESS						
CITY-ST-ZIP		☐ DE	LETE	4.4 CITY-S	1-ZIP				☐ Change	Addition	
TITLE		Li De		5.1 TITLE 5.2 NAME	ļ.				C Outside		
NAME			1		TADODECC						
STREET ADDRESS					ADORESS						
CITY-ST-ZIP		<u> </u>	LEXE	5.4 CITY-S	I-ZIP			1		<b>1</b> 4 3 2 9 1	1
TITLE		□ DE	LETE	6.1 TITLE	ļ				Change	☐ Addition	1
NAME				6.2 NAME							
STREET ADDRESS					ADDRESS						
CITY-ST-ZIP				6.4 CITY-S	T-ZIP						ĺ

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.

SIGNATURE: \_

David G. Shelton 1-4-99