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 # P9800009529 1. Corporation Name

FOUR TAB'S ENTERPRISES, INC.

Principal Place of Business		Mailing Address	Mailing Address		1 (\$01(00) (10 (\$1\$) (\$1() \$5() \$5() \$5() \$5()		(B18 1911 (68)
1324 SW 47TH AVE		1324 SW 47TH AVE					
PLANTATION FL 33317 PLANTATION FL 33317					DO NOT WRITE IN THIS	SPACE	
				•	3. Date Incorporated or Qualifed		
					01/30/1998 -		_ [
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	Apr	plied For
21		26			65-080997		t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certifcate of Status Desired	\$8.75 A	dditional
22		27	<u></u>) by required		
City & State	e		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 : Added to	
23 Zin	Country	Zip	Country		This corporation owes the current year Interest.		5.003
Zip	25	29 30			Personal Property Tax.		□No
24	9. Name and Address of Curre		' T		10. Name and Address of New Registered	Agent	
			81	Name			
BEEROM, MICHAEL			82	Street Add	ress (P.O. Box Number is Not Acceptable)		
	SW 47TH AVE		62	Silect Muul	(.O. DOX (Million is Not Acceptable)		
PLANTATION FL 33317			83			_	1
			84	City	FL	85 Zip C	Code
_					poration submits this statement for the purpose of		
SIGNATURE	Signature, typed or printed name of registered ag-	ent and title if applicable. (NOTE: Reg	istered Agen	t signature require	nd when reinstating) ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTO	RS IN 12
TITLE	PD	DELETE				Change	Addition
NAME	BEEROM, MICHAEL		1.2 NAME				
STREET ADDRESS	1324 SW 47TH AVE		1.3 STREET	ADDRESS			ļ
CITY-ST-ZIP	PLANTATION FL 33317		1.4 CITY-ST	r-ZIP			
TITLE			2.1 TITLE	T		Change	☐ Addition
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREET	ADDRESS			
CITY-ST-ZIP			2. 4 CITY-S	T-ZIP			- Addition
TITLE		☐ DELETE	3.1 TITLE)		Change	☐ Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET	ł	•		
CITY-ST-ZIP		DELETE	3.4. CITY-S	T-ZIP		Change	Addition
TITLE		Dereie	4.1 TITLE]
NAME			4.2 NAME 4.3 STREET	ADDRESS			ı
STREET ADDRESS							
CITY-ST-ZIP TITLE		☐ DELETE	4.4 CITY-ST 5.1 TITLE	1-ZIP		Change	Addition
NAME		_ occerc	5.1 MILE		•		
STREET ADDRESS			5.3 STREET	ADDRESS			}
CITY-ST-ZIP			5.4 CITY-S1				}
TITLE		☐ DELETE	6.1 TITLE			☐ Change	☐ Addition
NAME			6.2 NAME				

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.

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

954-5844963

FILED

Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90032 004 ***150.00