

FILED  
Jun 25, 1999 8:00 am  
Secretary of State

06-25-1999 90008 004 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P98000010503

1. Corporation Name  
FOS ENTERPRISE, INC.



Principal Place of Business  
705 S.W. 76TH AVE.  
NORTH LAUDERDALE FL 33068

Mailing Address  
705 S.W. 76TH AVE.  
NORTH LAUDERDALE FL 33068

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/30/1998

4. FEI Number

65-0820006/23031

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24 25 29 30 9. Name and Address of Current Registered Agent

FOSTER, LIVINGSTON  
705 S.W. 76TH AVE.  
NORTH LAUDERDALE FL 33068

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	<input type="checkbox"/> DELETE
NAME	LIVINGSTON FOSTER	
STREET ADDRESS	705 SW 76TH AVE, North Lauderdale	
CITY-ST-ZIP	FL 33068	
TITLE	VICE-PRESIDENT	<input type="checkbox"/> DELETE
NAME	ALTHEA FOSTER	
STREET ADDRESS	705 SW 76TH AVE, North Lauderdale	
CITY-ST-ZIP	FL 33068	
TITLE	SECRETARY	<input type="checkbox"/> DELETE
NAME	PATRICIA GAYLE	
STREET ADDRESS	1201 SW 50TH AVE, Building 4	
CITY-ST-ZIP	APT-201 North Lauderdale FL 33068	
TITLE	DIRECTOR	<input type="checkbox"/> DELETE
NAME	PATRICIA MOHAMMED	
STREET ADDRESS	6941 NW 45TH COURT	
CITY-ST-ZIP	Lauderhill 33319	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> DELETE
NAME	PETER ROSE	
STREET ADDRESS	1419 Copper Spring Road	
CITY-ST-ZIP	Springhill Tennessee 38956	
TITLE	DIRECTOR	<input type="checkbox"/> DELETE
NAME	WAYNE FOSTER	
STREET ADDRESS	705 SW 76TH AVENUE	
CITY-ST-ZIP	North Lauderdale FL 33068	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: X Livingston Foster  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/8/1999

720-6259  
Daytime Phone #

CR2E034 (1/98)