COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. MOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION ANNUAL REPORT

1999

**GNATURE:** 



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## FILED Sep 15, 1999 8:00 am Secretary of State 09-15-1999 90002 014 \*\*\*550.00

## OCUMENT #

	INTERPRIZE INC.					ş				
cipal Plac	e of Business	Mai	ilina Address	•			<u> </u>	<b>e</b> il <b>is</b> il <b>e</b> ili		
•	UNIT #108		MINGO TR. UNIT #10	19						
3WOOD FL 32750 LONGWOOD FL 32750					DO NOT IN	NE IN THE	CDACE			
							JO NOT WE 3. Date Incorporated or Qualifie		SPACE	
							02/23/1998	u		
Principal Place of Business 2a. Mailing Address						4. FEI Number	<u> </u>	A	opplied For	
26   Suite, Apt. #, etc.   27   City & State		26	¬ ' •			1 50 3510336			by projectol	
		Suite, Apt. #, etc.				5. Certificate of Status Desired		•	Additional	
		27				o. Octanodio of claims peopled		Fee F	Required	
		City & State				-	6. Election Campaign Financing	\$5.00 May Be		
	Country	28		T Cou	untry			Trust Fund Contribution		
Zip	Country 25	29	Zip	30	ailu y		<ol> <li>This corporation owes the cu Intangible Personal Property.</li> </ol>	rrent year	່ Yes 🖟	No.
	9. Name and Address of Curi		ered Agent	1301	T		10. Name and Address of New	Registered		
					81	Name				
	ELER, TOM		,	,		Street Addr	ress (P.O. Box Number is Not Accep	table)		
134 MINGO TR			,					4.20		
LON	GWOOD FL 32750				83					
					$\vdash$				85 Zip	Code
					84 (	City			1 1	
						-		<u> </u>	<u>-                                      </u>	
office or	registered agent, or both, in the Sta	ate of Florid	<ul> <li>a. Such change was</li> </ul>	authorize	pove-na	amed corpo	ration submits this statement for the on's board of directors. I hereby acc	numose of ch	nanging its r	egistered egistered
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