PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Karris

DIVISION OF CORPORATIONS

Secretary of State

FILED Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90045 040 ***150.00

1. Corporation	MENT # P98000 NAME ENTERPRISES, INC.	020858					
Principal Place	e of Business	Mailing Address			1 (Beil of the Intel Chill Anti-	,	
7207 TONGA DI	RIVE	7207 TONGA DRIVE					
JACKSONVILLE		JACKSONVILLE FL 32216			DO NOT WRITE IN THIS	SPACE	
					3. Date Incorporated or Qualifed		
,					03/05/1998		Į.
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	App	olied For
21		26			59-3496682	Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A	
22		27				Fee Rec	
City & Stat	te .	City & State			6. Election Campaign Financing Trust Funo Contribution	\$5.00 i Added to	
23	01-	28	Cou	mhv	8. This corporation owes the current year into		3,700
Zip	Country 25	29	30	,	Personal Property Tax.	Yes	No
24	9. Name and Address of Curre		_ I		10. Name and Address of New Registered	Agent	
	0. 1347			81 Name			
	VLUS, MICHAEL			82 Street Ad	idress (P.O. Box Number is Not Acceptable)		
	IO SAN JOSE BLVD.						
{ JACI	KSONVILLE FL 32257			83			
:				84 City		₹5 Zip C	ode
					progration submits this statement for the purpose of strongs board of directors. Thereby accept the appoin	chaoring its	registered
office or I	registered agent, or both, in the State arm familiar with, and accept the obliga	of Florida. Such change was a stigns of, Section 607,0505, Florida.	authorized orida Stati	I by the corpora utes.	ation's board of directors. I hereby accept the appoin	ппини аз гед	Istered
SIGNATURE					uired when reinstatting) DATE		
SIGNATURE	Signature, typed or printed name of registered age					D DIRECTO	
i	Signature, typed or printed name of registered ego OFFICERS A	ent and title if applicable. (NOT ND DIRECTORS	E: Registered	Agent agnature requ	uired when reinstatting) DATE		
SIGNATURE	Signature, typed or private name of registered ago OFFICERS AI President/Secre	NO DIRECTORS +ary DELETE	E: Registered	Agent agnature requ	uired when reinstatting) DATE	D DIRECTO	
SIGNATURE 12.	Signature typed or private name of regulared appropriate of the private of the pr	NO DIRECTORS HOLD DELETE DELETE	E: Registered 13. 1.1 Tr 1.2 N/	Agent agnature requ	uired when reinstatting) DATE	D DIRECTO	
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information inclicated 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 certh; 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.