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## APPROVE AND

OCUMENT#	P98000021
1999	
ANNUAL REPORT	
CORPORATION	
PROFII	(C. 11)

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

\*\*FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

056 1. Corporation Name

CALEDONIA ENTERPRISES, INC.

Principal Place of Business Mailing Address		S	i idatidat ten inter mitt baste matte fatte baste fatte finte bill bill bill bill bill bill bill bil		
		100 TIMBERCOV LONGWOOD FL			
				DO NOT WRITE IN TH	IIS SPACE
				3. Date Incorporated or Qualifed 03/04/1998	
2. Principal Pl	ace of Business	2a. Mailing Add	Iress	4. FEI Number	Applied For
21		26		59-3495735	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt 1	#, etc.	5. Certificate of Status Desired [,]	\$8.75 Additional Fee Required
Çity & State	9	Cily & State	9	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	<i>Z</i> <sub>IP</sub>	Country [30]	8. This corporation owes the current year Intangible Personal Properly Tax.	
	9. Name and Address of Cu	rrent Registered Agent		10. Name and Address of New Registere	ed Agent
ROBERTSON, JANET 100 TIMBERCOVE CIRCLE LONGWOOD FL 32779		81 Name  82 Street Ad  83  84 City	82 Street Address (P.O. Box Number is Not Acceptable) 83		
office or re	to the provisions of Sections 607 egistered agent, or both, in the S m familiar with, and accept the of	tate of Florida. Such chai	nge was authorized by the corpora	progration submits this statement for the purpose alion's board of directors. I hereby accept the app	of changing its registered pointment as registered
SIGNATURE	The state of the s	/	Approximately and the second second	Control of the Contro	

agent la	n familiar with, and accept the obligations of, Section 607.050	5, Florida Statutes.	
SIGNATURE	Storature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature F	restaired when rematal no:
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P [] DELE	TÉ 1,1 TITL€	[] Change [] Addition
NAME	ROBERTSON, JANET	1.2 NAMF	8000028699488
STREET ADDRESS	100 TIMBERCOVE CIRCLE	1.3 STREET ADDRESS	-05/10/9301133005
CITY-ST-ZIP	LONGWOOD FL 32779	14 CrTY-ST-ZIP	****150.00 ****150.00
TITLE	VP DELE	TE 21 THILE	Change Addition
NAME	ROBERTSON, IAN	2.2 NAME	
STREET ADDRESS	100 TIMBERCOVE CIRCLE	23 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL 32779	2 4 CITY-ST-ZIP	
TITLE	[] DELE	TE 3 1 TITLE	[ ] Change [ ]] Addition
NAME		32 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	[]] DELE	TE 41 TITLE	[ ] Change [ ] Additu
NAME		4. 2 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-\$T-ZIP		4.4 CITY-ST-ZIP	
TITLE	□ DELE	TE STATULE	[ ] Change [ ] Addite
NAME		5 2 NAME	
STREET ADDRESS		53STREET ADDRESS	
CITY-\$1-20P		5 4 CITY-ST-ZIP	
TITLE	[] DELE	TE 61 TITLE	Change Addition
NAME		62 NAME	<u> </u>
STREET ADDRESS		63 STREET ADDRESS	$h_{i,i}$
1		CACITY OF DID	)

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:

April 2000, 99