PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P98000025745

SUCCES	SS ENTERPRISES, INC.		<u>.</u>			
Principal Plac	e of Business	Mailing Address				
1960-US-1-30UTH: SUITE 128 -ST. AUGUSTINE FE 32086 -ST. AUGUSTINE FE 32086			128 -	DO NOT WRITE IN T	FIS SPACE	
1				3. Date I corporated or Qualifed	10 3: 7.02	
				03/18/1998		
2. Principal P	Place of Business	2a. Mailing Address	— <u> </u>	4. FEI Number	Applied For	
240	OE. Main Street		lernseu Driv	e 59-3500051	Not Applicable	
Suite, Apt.	#, etc. H	Suite, Apt. #, etc.	<u></u>	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stat	1-0	28 - VC 1 + CO S	e CO	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip.	Country	Zip	Country	8. This corporation owes the current year	r Intangible	
24 812	40 \ 23 (XSA	20 8 (40)_]	30 USA_	Personal Property Tax.	Yes PNo	
	9. Name and Adcress of Current	Registered Agent		10. Name and Address of New Register	4 d Agent	
_	ERS, JAMES S	*.*	81 Name -	Tohn Lucken		
	US 1 SOUTH, SUITE 128		404	5 N.W. 43'd Stree	<u> </u>	
- S1	AUGUSTINE FL 32088		83 <	to		
\ `			84 City G	ainesville. FL	32606	
11, Pursuz nt	to the provisions of Sections 607.050	and 607.1508, Florida Statute	es, the above-named cor	poration submits this statement for life purposion's board of directors. Phereby accept the ap	of changing its registered	
office (4)	registered agent, or both, in the State- am temiliar with, and accept the obligat	,f Florida. Such change was it bns of, Section 607.0505, Fl x	utnonzed by the corporation Statutes.	lons board or finectors. Thereby accept the sp	15 00	
SIGNATUFE	1 N miles N (7% - 1	وسنسب المحام			<u>4-77</u>	
SIGNATURE	Signatura, typed or printed name of registered agent		Registered Agent signature requ		AND DIRECTORS IN 12	8
12.		DELETE	13.	ADDITIONS/CHANGES TO OFFICERS	Change Addition	CR2E034 (11/98)
माहि रिटाई	- R Fallers	□ occeta	12 NAME			Ā
NAME	James S. Favers 60800 Guernse Montrose, 10	a Ocive	1.3 STREET ADDRESS			
STREET ADDRESS	LA LITTER AND	SITUL	14 CITY-ST-ZIP			22
CITY-ST-ZIP	MONTFOSE, CO	DELETE	2.1 TITLE		Change Addition	ਹ
TITLE	'		2.2 NAME			
NAME	j		2.3 STREET ADDRESS		1	
STREET ADORESS			2 4 CITY-ST-ZIP			
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ſ	,		3.3 STREET ADDRESS			
STREET ADDRESS			34 CITY-ST-ZIP	-		
TITLE		OELETE	4.1 TITLE		☐ Change ☐ Addition	
NAME			4.2 NAME			
STREET ADDRESS	le l		4.3 STREET ADDRESS		\	
CITY-ST-ZIP			4.4 CITY+ST-ZIP			
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NAME			5.2 NAME		1	
STREET ADDRE 35	5		53 STREET ADDRESS			
CITY-ST-ZIP		 ==-	5.4 CITY-ST-ZIP			
TITLE		☐ DELETÉ	6.1 YITLE		Change Addition	
NAME	}		6.2 NAME			
CTOCET 40005 '0	.]		6.3 STREET ADDRESS		J	

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 innual report is true and accurate and that my signature shall have the same legal effect as if made under earth; that I am an officer in director of the corporation or the receiver or trustee empowered to execute this report as recuired 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 ell other like empowered.

SIGNATURE:

G OFFICE): OR DIRECTOR

Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90014 016 ***150.00