

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

PROFIT CORPORATION ANNUAL REPORT 1999



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

FILED
May 29, 1999 8:00 am
Secretary of State

05-29-1999 90015 047 ****75.00
05-29-1999 90015 048 ****75.00

DOCUMENT # **P98000032467**

1. Corporation Name
FLORI-EAN ENTERPRISE INC.

Principal Place of Business Mailing Address

**18505 PAULSON DRIVE
UNIT A
PORT CHARLOTTE, FL, 33954**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
4/8/98

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		65-0825812	Not Applicable
22	22	27	27	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
	City & State		City & State			
23	23	28	28	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
	Zip		Zip			
24	24	29	29	30	30	8.
	Country		Country			This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
				81	Name Rejean Leduc		
				82	Street Address (P.O. Box Number is Not Acceptable) 1001 N. Federal Hwy,		
				83	suite 205		
				84	City	Hallandale, FL	85
							Zip Code 33009

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 _____ (NOTE: Registered agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PRESIDENT	<input type="checkbox"/> DELETE	1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Richard Constantinsau		1.2 NAME		
STREET ADDRESS	2095 KENDIS ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE FL 33948		1.4 CITY-ST-ZIP		
TITLE	VICE-PRESIDENT	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEAN COURVAL		2.2 NAME		
STREET ADDRESS	642 VERONA		2.3 STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE FL 33948		2.4 CITY-ST-ZIP		
TITLE	SECRETARY	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JULIETTE BOUCHER		3.2 NAME		
STREET ADDRESS	642 VERONA		3.3 STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE FL 33948		3.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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: _____ DATE: **10 APR 99** DAYTIME PHONE # _____

CR2E034 (11/98)