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

DOCUMENT # P98000036232

1. Corporation Name

Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90121 006 ***150.00

CTE EN	TERPRISES, INC.							
Dringing Blog	o of Rusinasa	Mailing Address				- 1 1041100110011011011011010101010101010		(1 600 1411 0 1 8 4 1 00 1
					•			
1223 CHEYENNE DRIVE 1223 CHEYENNE DRIVE INDIAN HARBOR BCH FL 32937 INDIAN HARBOR BCH FL 32937				37			•	
						DO NOT WRITE IN THIS SPACE		
		,				3. Date Incorporated or Qualifed		
						04/20/1998		
2. Principal Place of Business 2a. Mailing Address						4. FELNumber 59-35///54	<u> </u> '	Applied For
21 26								Not Applicable
Suite, Apt. #, etc.						·5. Certifcate of Status Desired	•	75 Additional e Required
22				-				
<i>→ '</i>				6. Election Campaign Financing . \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip	Country	Zip	Country			8. This corporation owes the current year In		2
24	25	_ 	30			Personal Property Tax.	Yes	₽No
24	9. Name and Address of Curre		301			10. Name and Address of New Registered	l Agent	
			81	Nac	me			
EDDIE, CARROLL T JR				<u> </u>		(D.O. D.) March 1: Ma		
1223 CHEYENNE DRIVE				Stre	eet Addres	ss (P.O. Box Number is Not Acceptable)		
INDIAN HARBOR BCH FL 32937			83	1		A CONTRACT C		
			84	City	У	F	85	Zip Code
agent. I a	m familiar with, and accept the oblig-	ations of, Section 607.0505, Flori	ida Statutes	5 .		n's board of directors. I hereby accept the appropriate the specific property of the specific pr		
12,		ND DIRECTORS	13.	n organo		ADDITIONS/CHANGES TO OFFICERS A	ND DIRE	CTORS IN 12
TITLE	DPST	☐ DELETE	1.1 TITLE				Char	~~~~
NAME			1.2 NAME	1.2 NAME				ţ
STREET ADDRESS	AAAA OHENERADE BORE		1.3 STREE	T ADDRI	ESS			
CITY-ST-ZIP			1.4 CITY-S					
TITLE			2.1 TITLE				☐ Char	nge
NAME	1T		2.2 NAME					
STREET ADORESS	1223 CHEYENNE DRIVE		2.3 STREE	T ADDRI	ESS			
CITY-ST-ZIP	INDIAN HARBOR BCH FL 329	37	2.4 CITY-5	ST-ZIP				
TITLE			3.1 TITLE				☐ Char	nge 🗌 Addition
NAME			3.2 NAME		ļ			1
STREET ADDRESS			3.3 STREE	TADOR	ESS			
CITY-ST-ZIP	_		3.4. CITY-5	ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE				Char	nge 🗌 Addition
NAME			4.2 NAME					
STREET ADDRESS			4.3 STREE	TADDRI	ESS			
CITY-ST-ZIP			4.4 CITY-S	T-ZIP				
TITLE		☐ DELETE	5.1 TITLE				Char	nge 🗌 Addition
NAME			5.2 NAME					}
STREET ADDRESS			5.3 STREE	T ADDRI	ESS			
CITY-ST-ZIP			5.4 CITY-S	T-ZIP				
TITLE		☐ DELETE	6.1 TITLE				☐ Char	nge
NAME			6.2 NAME					[
STREET ADDRESS			63 STREE	TADDRE	E S S		•	
CITY-ST-ZIP			6.4 CITY-S	T-ZIP	1			\

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 chapted, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR