## 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 # **P98000040556**1. Corporation Name

ENTERPRISE SOLUTIONS & ASSOCIATES, INC.

Principal Place of Business Mailing Address							1181			BIII 88411 8611		
2100 S.W. 46TH TERRACE 2100 S.W. 46TH TERRACE					~ t							٠
FORT LAUDERDALE FL 33317 FORT LAUDERDALE FL 33317							DO NOT WRITE IN THIS SPACE					
						}	3. Date Inc					
	·						05/04/	1998				
2. Principal Place of Business 2a. Mailing Address							4. FEI Num	nber		<u> </u>	Ap	plied For
21		26					65-	083	388	16		t Applicable
Suite, Apt.	#, etc.	Sı	uite, Apt. #, etc.				5. Certifcat	e of Status	Desired		\$8.75	
27							J. 00/11/00/				Fee Re	<del></del>
City & State City & State							6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees					
23		28		C				nd Contribi				o rees
—¬ Zip ──¬	Country	Zi	· —	Country	,		8. This con	poration ow I Property 1		rent year I	ntangible Yes	□No
24	9. Name and Address of Curre	29	ad Agent	וט ויט			10. Name a	<u>-</u>		Registere		
· · · · · · ·	9. Name and Address of Curre	itt register	eu Agent	81	Name	, ,,	111:0			_		
SCHWARTZ, DAVID A ESQ. 8181 WEST BROWARD BOULEVARD					82 Street Address (P.O. Box Number is Not Acceptable)							
					Street	Addres	s (P.O. Box I	Number is i	Not Accep	table)		
SUITE 204				83		* 7.	/000			'-		
PLAI	NTATION FL 33324										( 1 ·	
				84	901	41)	T4712	247		F	L 85 33	3/7
11 Pursuant	to the provisions of Sections 607.05	02 and 607.	.1508. Florida Statutes	the abov					nent for the	DUMOSA (	of changing its	registered
office or r	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the gblig	e of Florida.	Such change was auth	norized by	the corp	poration'	s board of dir	rectors. I he	ereby acce	opt the app	ointment as re	gistered
	A VIII A MANUTO	ations of, Se	ection 607.0505, Florid	a Statutes	٠.					n Val	08.95	
SIGNATURE	Signature, typed or printed name of registered ag	ent and the if ap	oplicable. (NOTE: Re	egistered Age	nt signature	required w	hen reinstating)			DATE		
12.	OFFICERS A			13.							AND DIRECTO	
TITLE			☐ DELETE	1.1 TITLE		17	ULIO RESIZ	CAS	5アノム	4	Change	Addition
NAME				1.2 NAME		1 6	RESIZ	SENT		,		
STREET ADDRESS				1.3 STREE	T ADDRESS	74	41 1	W. X	CI	•		
CITY-ST-ZIP		<u> </u>	<u> </u>	1.4 CITY-S	T-ZIP	12/	AUTA	7700	<u></u>	FL	<u>-333/7</u>	<u> </u>
TITLE			☐ DELETE	2.1 TITLE				.,			Chañge	Addition
NAME				2.2 NAME								
STREET ADDRESS				2.3 STREE	TADDRESS	S						
CITY-ST-ZIP			44.4	2.4 CITY-	ST-ZIP							
TITLE			☐ DELETE	3.1 TITLE							☐ Change	☐ Addition
NAME				3.2 NAME								
STREET ADDRESS				3.3 STREE	T ADDRESS	s						
CITY-ST-ZIP				3.4. CITY-	ST-ZIP	<u> </u>			-		(71.0)	C Addis-
TITLE	٠		☐ DELETE	4.1 TITLE		[					Change	Addition
NAME '	1			4.2 NAME								
STREET ADDRESS				4.3 STREE	TADDRESS	S						
CITY-ST-ZIP				4.4 CITY-5	T-ZIP	<b>—</b>					По	
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NAME				5.2 NAME								
STREET ADDRESS					T ADDRESS	8						
CITY-ST-ZIP				5.4 CITY-5	ST-ZIP			·	•		П Съ	_ ******
TITLE	,		☐ DELETE	6.1 TITLE							☐ Change	☐ Addition
NAMÉ				6.2 NAME		_						
CENTET ADDRESS	1			■ 6.3 STREE	TADDRESS	হ ৷						

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 addyess, with all other like empowered.

6.4 CITY-ST-ZIP

CITY-ST-ZIP

FILED Apr 15, 1999 8:00 am Secretary of State

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