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 # P98000047634

1. Corporation Name

CULLEN ENTERPRISES INC.				
Principal Place of Business	Mailing Address			
1717 N.E. 7TH STREET VICTORIA PARK FL 33304	1717 N.E. 7TH STREET VICTORIA PARK FL 33304			

FILED Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90051 008 ***150.00



Principal Place	e of Business	Mailing Address			(1888) 881 118 19181 1911)		11811 (8418 8 1184 1	1111 0101 1001	
1717 N.E. 7TH		1717 N.E. 7TH STREET							
VICTORIA PARK	(FL 33304	VICTORIA PARK FL 33304			DO NOT WRITE IN THIS SPACE				
					3. Date incorporated or Qua	alifed			
					05/21/1998				
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		App	lied For	
21 2719	NE 19TH ST.	26 Z719 NE	Suite, Apt. #, etc.			US TO 838982 Not Applicable 5. Certificate of Status Desired □ 5. Certificate of Status Desired □ 5. Certificate of Status Desired □ 5. Certificate of Status Desired □			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.							
22		27		5. Certificate of classic Section 1. Fee Required				- نــ	
City & State		City & State	28 PT. LAVO.		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees				
23 PT. L. ?	い。下へ。 Country	Zip Country 29 33305 30 BRUWARD		8. This corporation owes the current year Intangible					
24 323				•					
3 6 3	9. Name and Address of Current				10. Name and Address of I	New Registered	Agent		
			1	Name	ULLEN, KIN	BERLY	,	ļ	
	LEN, KIMBERLY		- h	82 Street Address (P.O. Box Number is Not Acceptable)					ı
	N.E. 7TH STREET					<u>- · · · · · · · · · · · · · · · · · · ·</u>			ì
VIC I	ORIA PARK FL 33304			2719	NE 19TH	ST.			1
}			ļ.	14 City			85 Zip C	ode	1
				LFT.	. LAUO.	FL.			1
11. Pursuant office or n	to the provisions of Septens 607 0502 egistered agent or both, in the State or m familiar with and accept the boliods	2 apa 807.1508, Florida Statute of Florida. Such change was a	es, the about hithorized	ove-named corp by the corporation	oration submits this statement it on's board of directors. I hereby	accept the appo	intment as reg	istered	ļ
agent. I a	m familiar with and accept the policely	ions of, Section 607.0505, Flor	ida Statut	es.		1/25/06	}		1
SIGNATURE	Signature yped of printed name of registered agent	and title if applicable (NOTE:	Registered A	gent signature require	d when reinstating)	DATE			
12.	OFFICERS AND		13.	***************************************	ADDITIONS/CHANGES T	O OFFICERS A	ID DIRECTOR	RS IN 12	Š
TITLE	D	☐ DELETE	1.1 TITL	E	·		Change	Addition	3
NAME	CULLEN, KIMBERLY		1.2 NAM	E					3
STREET ADDRESS			1.3 STR	EET ADDRESS				i	į
CITY-ST-ZIP	VICTORIA PARK FL 33304	CTORIA PARK FL 33304 1. DELETE 2.		-ST-ZIP					Ì
TITLE				E [Change	Addition	. `
NAME			2.2 NAN	E					ı
STREET ADDRESS	\		2.3 STR	EET ADDRESS					ì
CITY-ST-ZIP			_	/-ST-ZIP			☐ Change	Addition	ı
TITLE	j	☐ DELETE	3.1 TITL	J			☐ Citaliãe	☐ Addition	J
NAME			3.2 NAM						l
STREET ADDRESS			- 6	EET ADDRESS					l
CITY-ST-ZIP		DELETE	3.4. CIT 4.1 TITL	Y-ST-ZIP			Change	Addition	i
TITLE		□ nere≀s	4.1 HILL 4. 2 NA						
NAME				EET ADDRESS					ĺ
STREET ADDRESS				-ST-ZIP					ĺ
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITL				Change	Addition	İ
NAME	(_ 5500.10	5.2 NAM	ſ				_	ĺ
STREET ADDRESS				EET ADDRESS					
CITY-ST-ZIP	}			-ST-ZIP					
TITLE	 	☐ DELETE	6.1 TITL				Change	Addition	ĺ
NAME			6.2 NAM	IE					
STREET ADDRESS	[6.3 STR	EET ADORESS				•	ł
				'-ST-ZIP					i

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not quality 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 appear 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 of trustee expowered 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 organ affactment with an address, with all other like empowered.

SIGNATURE: