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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000052612

Corporation Name

FILED Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90099 031 ***150.00

| | ENTERPRISES, INC. | | | | | | | |
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| | | 14.W. A.M | | | - | T PERILIPAN NIA NOTAK PONTA BODIN BONTA DENTA | f 00101 billio 11010 911 | 0) (4010 HB) 1001 |
| Principal Place | | Mailing Address | | | | | | |
| 3175 US 1 SOUTH 3175 US 1 SOUTH ST AUGUSTINE FL 32086 ST AUGUSTINE FL 32086 | | | 36 | | | DO NOT WRITE IN | TUIC COACE | |
| | | | | | - } | 3. Date Incorporated or Qualifed | THIS SPACE | |
| | | | | | | 06/10/1998 | · · · · · · · · · · · · · · · · · · · | |
| 2. Principal Pl | ace of Business | 2a. Mailing Address | | | | 4. FEI Number | | Applied For |
| 21 | | 26 | | | | 59-3531582 | | Not Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | | 5. Certifcate of Status Desired | • | Additional |
| 22 | | 27 | | | | | | Required |
| City & State | e | City & State | | | 1 | 6. Election Campaign Financing | | May Be |
| 23 | | 28 | | | | Trust Fund Contribution | | d to Fees |
| Zip | Country | Zip | Country | y | İ | 8. This corporation owes the current ye | ear Intangible Yes | □No |
| 24 | 25 | 29 | 30 | | | Personal Property Tax. 10. Name and Address of New Regis | | |
| | g. Name and Address of Cur | rent Registered Agent | 81 | Name | | 10. Name and Address of New Regis | tereu Agent | |
| BOLE | ES, JOSEPH L JR | | | INAMILE | | | | |
| | CHARLOTTE STREET | | 82 | Street A | Addres | s (P.O. Box Number is Not Acceptable) | | İ |
| | UGUSTINE FL 32084 | | | <u> </u> | | | | |
| ` | 000011112 1 2 02004 | | 83 | ` | | | | |
| | | | 84 | City | | | FL 85 Zi | Code |
| | | | | | | all a sub-site this statement for the purpose | | to engistered |
| office or re | edistered agent, or both, in the Sta | ate of Florida. Such change wa | is authorized by | the corpo | corpora oration' | ation submits this statement for the purpos s board of directors. I hereby accept the | appointment as | registered |
| | m familiar with and account the ab | | | | | • | | |
| agent. I ai | in fairmlar with, and accept the ob- | ligations of, Section 607.0505, | Florida Statutes | 5. | | | | |
| agent. I ai | | | | S. | | | | |
| agent. I ai | Signature, typed or printed name of registered | agent and title if applicable. (N | IOTE: Registered Age | S. | w beniupe | | ATE | |
| agent. I ai SIGNATURE 12. | Signature, typed or printed name of registered | agent and title if applicable. (N | OTE: Registered Age | S. | | ADDITIONS/CHANGES TO OFFICE | RS AND DIREC | |
| agent. I all SIGNATURE 12. TITLE | Signature, typed or printed name of registered | agent and title if applicable. (N | DOTE: Registered Age 13. 1.1 TITLE | S. | P/0 | ADDITIONS/CHANGES TO OFFICE | - | |
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| agent. I all SIGNATURE 12. TITLE | Signature, typed or printed name of registered | agent and title if applicable. (N | 13. 1.1 TITLE 1.2 NAME 1.3 STREE | s. TADORESS | P/0 Lew 106 | ADDITIONS/CHANGES TO OFFICE Vis R. Kenton Calle Menendez | RS AND DIREC | |
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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

PSIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lewis R. Kenton

904-797-1890

Daytime Phone