COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

OCHMENT

FILED Sep 09, 1999 8:00 am Secretary of State

09-09-1999 90007 021 ***550.00

FOUR CHANCES ENTERPRISES, INC.					
					·
1 0011 0	101020 2012111 11020, 1110	•			
ncipal Plac	e of Business	Mailing Address		3 \$EBISEDI SIO INIDI INSII OBIIC ANISI DAIII DI	IIOS OLIIO EIISD OISIS OIDIO ILOI SOOT
1 LINDA AV	/ENUE	1921 LINDA AVENUE	•		
WOND BEACH FL 32174 ORMOND BEACH FL 32174				DO NOT WRITE IN TH	HIS SPACE
,				3. Date Incorporated or Qualified	
				06/12/1998	
Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
701	Ridgewood Ave	26 701 Kidg	ewood AVP	59-3519184	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat		City & State		A Floring Company	4 4
HOL		28 HOLLY H	ILL FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	_ _
321	17 25 Voulicia		10 Volusia	Intangible Personal Property.	Yes X No
1	9. Name and Address of Current	Registered Agent		10. Name and Address of New Register	ed Agent
81 N				eeJay FLOVES	
FLORES, TEEJAY 1921 LINDA AVENUE			I I	ress (P.O. Box Number is Not Acceptable)	
ORMOND BEACH FL 32174			83	Kidgewood AVE	
; Or ar	IONO DENOTTE GETTA				
:			84 City	Ula Hill F	L 85 Zip Code
Pursuant	t to the provisions of sections 607 0502	and 607 1508 Florida Statutes.	the above-named corpo	pration submits this statement for the purpose of	changing its registered
office or	registered agent, or both, in the State of am familiar with, and accept the obligati	i Fiorida. Such change was au	thorized by the corporat	ion's board of directors. I hereby accept the ap	pointment as registered
- 1		0113 01, Section 007.0303, Flori	lua Statutos	ue Lores 9.	7-94
SNATURE	Signature, typed or printed name of registered agent a		E: Registered Agent eighature		(
	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
Ē .	president	DELETE	1.1 TETLE		Change Addition
E Ter Jay Flores ETADDRESS 1236 Florence CT			1.2 NAME		
ET ADDRESS	HOLLY HILL F	722117	1.3 STREET ADDRESS		
ST-ZIP	HOLLY HILL I	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
· E		C DELETE	2.2 NAME		
ET ADDRESS			2.3 STREET ADDRESS		<u> </u>
ST-ZIP			2.4 CITY-ST-ZIP		
		DELETE	3,1 TITLE		Change Addition
Ε			3.2 NAME		ļ
.ET ADDRESS			3.3 STREET ADDRESS		
ST-ZIP			3.4 CITY-ST-ZIP		
]		. DELETE	4.1 TITLE		Change Addition
E			4.2 NAME		
ET ADDRESS			4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
ST-ZIP		DELETE	5.1 TITLE		Change Addition
- E			5.2 NAME		_ ,
ET ADDRESS			5.3 STREET ADDRESS		
ST-ZIP			5.4 CITY-ST-ZIP	·	
		DELETE	6.1 TITLE		Change Addition
€ ,			6.2 NAME		ļ
ET ADDRESS			6.3 STREET ADDRESS		

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.

6.4 CITY-ST-ZIP

GNATURE:

97-99

904-258-4933