SECOND NOTICE, CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: 3550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: 3750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

Sep 21, 1999 8:00 am Secretary of State

09-21-1999 90022 030 \*\*\*550.00

**FILED** 

## 1999 P9800072546

DOUGLAS M. PAGE ENTERPRISES, INC.

Principal Place of Business . 1546 KIRKWOOD STREET NORTH PORT FL 34286

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Mailing Address

1546 KIRKWOOD STREET NORTH PORT FL 34286

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

					זו וסט	/ 1880				
2. Principal Place of Business 2a. Mailing Address					4. FEI Num	/ ^		Applied For		
21					ADDI	iec for		Not Applicable		
Suite, Apt. #, etc. Suite. Apt. #. etc.				- Cartifica	o of Status December	\$8.	75 Additional			
22 27					5. Certifica	te of Status Desired	F	ee Requirea		
City & State					6. Election	Campaign Financing	\$5	.00 May Be		
23		28		· **		nd:Contribution	F1	ided to Fees		
Zip	Country	Zip	Country		8. This corp	oration owes the currer	nt year			
24	25	29	30		Intangibi	e Personal Property.	Yes	∐ No		
44	g. Name and Address of Curren				10. Name a	nd Address of New Re	gistered Agent			
			81	Name						
	van, Michael J esq		92	925 Street Address (D.O. Boy Number is Not Acceptable)						
201	E. PINE STREET		02	82 Street Address (P.O. Box Number is Not Acceptable)						
SUI	TE 1200		83		-1-					
ORI	ANDO FL 32801		<u> </u>	·				<del></del>		
			84	City			FL  85	Zip Code		
44 5 .	to the provisions of sections 607.050	2 507 1509 Florido Chatutas	the above	named cor	poration submits th	nis statement for the our	nose of changing	its registered		
office or	registered agent or both in the State	of Florida, Such change was at	utnorizeu ov	tue corbora	ation's board of di	ectors. I hereby accept	the appointment	as registered		
agent. I a	am familiar with, and accept the obliga	ations of, section 607.0505, Flor	ida Statute:	3.						
SIGNATURE					required when reinstating		DATE			
	Signature, typed or printed name of registered ager	D DIRECTORS	13.	gent signature i		S/CHANGES TO OFFI		ECTORS IN 12		
12.	OFFICERS AN	Prector DELETE	11 TITLE	1	ABBITIO	10.07.11.11.02.0 1.0 0.1.1		ange Addition		
	President + Sole I	PYPECTOI LIVELEIE	1.2 NAME					ingo / reciner		
NAME	Douglas M. Pase	K	1	ADDRESS						
STREET ADDRESS	Douglas M. Pase 1546 Kirkwood S	reel	1	į						
CITY-ST-ZIP			1.4 CITY-S	r-ZIP				Agging		
TITLE	Secretary of Trea gandra D. Page 1546 Kirkwood St North Port, Fl. 342	SUVE   DELETE	2.1 TITLE				L., Cha	ange L Addition		
NAME	Sandra Without St	rect	2.2 NAME							
STREET ADDRESS	1346 AIR BL 242	86	2.3 STREET	ĺ				•		
CITY-ST-ZIP	North 1011, Pl. 31		2.4 CITY-S	T-ZIP						
TITLE		DELETE	3.1 TITLE				L Cha	ange 🔛 Addition		
NAME			3.2 NAME							
STREET ADDRESS			3.3 STREE	TADDRESS						
CITY-ST-ZIP			3.4 CITY-S	T-ZIP				<del></del>		
TITLE		DELETE	4 1 TITLE			,	L Chr	ange Addition		
NAME			4 2 NAME							
STREET ADDRESS			4 3 STREE	ADDRESS						
CITY-ST-ZIP			4.4 CITY-S	T-ZIP						
TITLE		DELETE	5.1 TITLE				Chi	ange Addition		
NAME		<del>-</del>	5 2 NAME	}		•				
STREET ADDRESS			5 3 STREE	ADDRESS						
į			5 4 CITY-S	T-ZIP -				. •		
CITY-ST-Z:P	1	DELETE	6 1 TITLE	<del></del>			Chi	ange Addition		
ļ.			6.2 NAME							
NAME			i i	ADDRESS						
: STREET ADDRESS			64 CITYS		-					
COTVICT DIO	1		■ 5.4 CHY-S	1-/IP						

14. 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 suppliemental 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 man attachment with an address.

SIGNATURE:

GNATURE AND TO OR PRINTED NAME OF SIGNAS OFFICER OR DIRECTOR

4-5-59 727-480-6785