PROFIT CORPORATION 5 AMNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

FILED

Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90126 033 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000081512

1. Corporation						\				
SAPAL E	ENTERPRISES, INC									
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Principal Place	e of Business	Mailing Add	ress			1 128(123) 119 46:	8: 18111 STH S\$10 6011 A		44.5 446. 1254	
8748 WITTENWO	OOD CV	8748 WITTEN	MOOD CV							
ORLANDO FL 32836 A ORLANDO FL 32838) <u>n</u>	O NOT WRITE IN T	HIS SPACE		
						3. Date Incorporated		110 0. 1102		
						09/16/1998			i	
	ton of Division	2a Mailing A	Address			4. FEI Number		Apr	olied For	
2. Principal Place of Business		<u> </u>	2a. Mailing Address			59-353	2204		Applicable	
21 Suite, Apt.	# atc	Suite, Ap	ol. #. etc.		***			\$8.75 A	dditional	
22	,	27				5. Certificate of Statu	s Desired 🔲	Fee Re	quired	
City & State	26	City & S	tate		·-···	6. Election Campaign	Financing	\$5.00	May Be	•
23		28				Trust Fund Contrib	oution	Added to	Fees	
Zip	Country	- Zip		_	ntry ====================================	8. This corporation of				2
24		29		0		Personal Property			<u> </u>	
	9. Name and Address of Curren	nt Registered Age	ent	}		10. Name and Addre	ss of New Registe	red Agent		
	uo one			- 1	81 Name				_	
	NG, SOE			t	82 Street Addr	ress (P.O. Box Number is	Not Acceptable)			
1	B WITTENWOOD CV	•		Ļ						
ORL	ANDO FL 32836				83				(
				- 1	84 City	1 (8-	. 1	85 Zip C		
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, 1	Florida Statutes	, the ab	ove-named corp	oration submits this state	ment for the purpos	e of changing its	registered	
-#6-0 Or #	registered exact by both in the State	of Florida, Such o	hanno wae out	horized	by the comoration	on's board of directors. I f	nereby accept the a	bboinment as tef	hareseo l	
onnet La	on familiar with and accord the oblice	tions of Section 6	807.0505 Flodd	a Statu	tes.			~~		
1	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obliga	tions of Section 6	807.0505, Florid	a Statu	tes.		01-24	.99		
agent. I a	im familiar with, and accept the obliga	SOE MA	II/VG		103. Igent signature requires	d whon reinstating)	07.24			(8)
1	Signature, typed or pricted name of registered age: OFFICERS AN	SOC MA at and title if applicable ID DIRECTORS	(NOTE R	13.	Agent eightfure required		07.24	AND DIRECTO	RS IN 12	1/98)
SIGNATURE	Aigniture, typed or printed name of registered agen	SOC MA at and title if applicable ID DIRECTORS	II/VG	13.	Agent arginature required	d whon reinstating)	07.24			(11/98)
SIGNATURE	Agripules, typed or priest name of registered again OFFICERS AN P NAING, SOE	SOC MA at and title if applicable ID DIRECTORS	(NOTE R	13. 1.1 TITI 1.2 NA	Agent eigneture required LE	d whon reinstating)	07.24	AND DIRECTO	RS IN 12	034 (11/98)
SIGNATURE 12. TITLE	P NAING, SOE 8748 WITTENWOOD CV	SOC MA at and title if applicable ID DIRECTORS	(NOTE R	13. 1.1 TIT 1.2 NA 1.3 STE	Agent agradure request LE ME REET ADDRESS	d whon reinstating)	07.24	AND DIRECTO	RS IN 12	2E034 (11/98)
SIGNATURE 12. TITLE NAME	Agripules, typed or priest name of registered again OFFICERS AN P NAING, SOE	AT and title if applicable ID DIRECTORS	(NOTE: R	13. 1.1 TITI 12 NA 1.3 STE 1.4 CIT	Ngent ingrediure required LE ME REET ADDRESS Y- ST-ZIP	d whon reinstating)	07.24	AND DIRECTO	RS IN 12	CR2E034 (11/98)
SIGNATURE 12. TITLE NAME STREET ADDRESS	P NAING, SOE 8748 WITTENWOOD CV	AT and title if applicable ID DIRECTORS	(NOTE R	13. 1.1 TITI 1.2 NA 1.3 STF 1.4 CIT 2.1 TITI	LE ME REET ADDRESS Y-ST-ZIP LE	d whon reinstating)	07.24	AND DIRECTO	RS IN 12	CR2E034 (11/98)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NAING, SOE 8748 WITTENWOOD CV	AT and title if applicable ID DIRECTORS	(NOTE: R	13. 1.1 TITI 1.2 NAI 1.3 STE 1.4 CIT 2.1 TITI 2.2 NAI	LE ME REET ADDRESS Y-ST-ZIP LE	d whon reinstating)	07.24	AND DIRECTO	RS IN 12	CR2E034 (11/98)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P NAING, SOE 8748 WITTENWOOD CV ORLANDO FL 32836	AT and title if applicable ID DIRECTORS	(NOTE: R	13. 1.1 TITI 1.2 NAI 1.3 STF 1.4 CIT 2.1 TITI 2.2 NAI 2.3 STF	LE ME REET ADDRESS Y-ST-ZIP LE REET ADDRESS	d whon reinstating)	07.24	AND DIRECTO	RS IN 12	CR2E034 (11/98)
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P NAING, SOE 8748 WITTENWOOD CV ORLANDO FL 32836	SOE MA at and title V applicable ID DIRECTORS	(NOTE: R	13. 1.1 TITI 1.2 NAV 1.3 STF 1.4 CIT 2.1 TITI 2.2 NAV 2.3 STF 2.4 CIT 3.1 TITI	ME M	d whon reinstating)	07.24	AND DIRECTO	RS IN 12	CR2E034 (11/98)
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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 supplimental 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.

01.24.99