COR ANNU	56-006-\$150.00-\$150.00 PROFIT PORATION AL REPORT 1999	ON ORT		FILED May 08, 1999 8:00 am Secretary of State 05-08-1999 90056 006 ***150.00		
Corporation	MENT # <b>P9800</b> Name VTERPRISES, INCORPOR	10083345 RATED				
incinal Place	of Business	Mailing Address		]		i i
14 Westminis Rasota fl 3	ster dr.	4144 WESTMINISTER SARASOTA FL 34241	DR.	DO NOT WRITE IN THIS 3. Date Incorporated or Qualifed	S SPACE	
		Lo. Mallino Address		09/25/1998	Applied For	ł
Principal Pla	ace of Businesa	2a. Mailing Address		65-0869739	Not Applicable	
Suite, Apt. 1	#, etc.	Suite, Apt. #, etc		5. Certifcate of Status Desired	\$8.75 Additional Fee Required	Ì
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be Added to Fees	
Zip	Country	28 Zip	Country	Trust Fund Contribution           8. This corporation owes the current year in	tangible	1
	25	29		Personal Property Tax. 10. Name and Address of New Registered	Ves XINo	
	8. Name and Address of Cur	Tent Redistalen Aflaur	81 Name			1
PITTS, WILLIAM J 4144 Westminister Dr.			82 Street Ad	dress (P.O. Box Number is Not Acceptable)	is (P.O. Box Number is Not Acceptable)	
	SOTA FL 34241		83	<u></u>		1
			84 City		85 Zip Code	
			1-1	FL	_	
<ul> <li>Pursuant t office or re</li> </ul>	o the provisions of Sections 607.0 igistered agent, or both, in the Sta	ate of Florida. Such change v	vas authorized by the corpora	polation sources of all statement for the parpoor of	intment as remistered	
		Continue of Continue 607 0504	E Elocido Statutas	DON'S DOARD OF DIFECTORS. I HERADY ACCEPT THE APPO		Í
GNATURE	-			poration submits this statement for the purpose o tion's board of directors. I hereby accept the appo		
GNATURE	Signature, typed or printed name of registered		5, Florida Statutes. (NOTE: Registered Agent signature requ		ND DIRECTORS IN 12	(88)
GNATURE	Signifure, typed or printed name of registered OFFICERS PRESINENT	AND DIRECTORS	(NOTE: Registered Agent signsture requined agent signsture requirement of the signst	red when reinstating) DATE		4 (11/98)
GNATURE	Signature, typed or printed name of registered OFFICERS PRESIDENT	AND DIRECTORS	(NOTE: Registured Agent signature requirement) 13. TE 1.1 TITLE 12 NAME	red when reinstating) DATE	ND DIRECTORS IN 12	
GNATURE LE AE KEET ADDRESS	PRESIDENT WILLIAM J.F LILLAMESTM	AND DIRECTORS	(NOTE: Registered Agent signsture requined agent signsture requirement of the signst	red when reinstating) DATE	NO DIRECTORS IN 12	R2E034
GNATURE E KE KET ADDRESS (- ST-ZIP E	Signature, typed or printed name of registered OFFICERS PRESIDENT	AND DIRECTORS	(NOTE: Registered Agent signature regu 13. TE 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CTY-ST-ZP TE 2.1 TITLE	red when reinstating) DATE	ND DIRECTORS IN 12	
GNATURE E RE EET ADORESS (- ST-ZIP E E RE	PRESIDENT WILLIAM J.F LILLAMESTM	AND DIRECTORS	(NOTE: Registered Agent signature required agent signature required agent signature required agent and a structure required agent ag	red when reinstating) DATE	NO DIRECTORS IN 12	R2E034
GNATURE E &E KET ADDRESS Y-ST-ZP E KE EEET ADDRESS	PRESIDENT WILLIAM J.F LILLAMESTM	AND DIRECTORS	(NOTE: Registered Agent signature required agent signature required agent signature required agent and a strength agent and a strength agent age	red when reinstating) DATE	ND DIRECTORS IN 12	R2E034
GNATURE E E EET ADDRESS (-ST-ZP) E E EET ADDRESS (-ST-ZP) E E	PRESIDENT WILLIAM J.F LILLAMESTM	AND DIRECTORS	(NOTE: Registered Agent signature regu 13. TE 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CTY-ST-ZP TE 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CTY-ST-ZP TE 3.1 TITLE	red when reinstating) DATE	NO DIRECTORS IN 12	R2E034
GNATURE E E E E E E E E E T AD C E E E E E E E E E E E E E	PRESIDENT WILLIAM J.F LILLAMESTM	AND DIRECTORS	(NOTE: Registered Agent signature required agent signature required agent signature required agent and a strength agent and a strength agent age	red when reinstating) DATE	ND DIRECTORS IN 12	R2E034
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