FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000083440

1. Corporation Name

CALHOUN ENTERPRISE OF CENTRAL FLORIDA, INC.

Principal	Place	of	Business
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Mailing Address

1583 EAST SILVER STAR RD. STE 182 OCOEE FL 34761

1583 EAST SILVER STAR RD. STE 182

OCOEE FL 34761

FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90096 024 ***150.00



DO NOT WRITE IN THIS SPACE

					3. Date Incorporated or Qualifed 09/25/1998		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Ar	plied For
21 Sam		26			59-3534942	No	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 / Fee Re	Additional equired
City & State City & State 28					6. Election Campaign Financing S5.00 Ma Trust Fund Contribution Added to F		- 1
Zip	Country 25 11 SA	Zip	Country		This corporation owes the current year In Personal Property Tax.	ntangible Yes	ΜNο
	9. Name and Address of Current	Registered Agent	·		10. Name and Address of New Registered	l Agent	
			81	Name			
CALHOUN, DAWN MICHELLE			82	Street Add	fress (P.O. Box Number is Not Acceptable)		
	1976 GREYSTONE TR			Oddot Addroso (1.0. Box Marios in Assessment			
ORLANDO FL 32818			83				
			84	City	FI FI	85 Zip	Code
office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State or im familiar with, and accept the obligation. Signature, typed or printed name of registered agent	f Florida. Such change was authons of, Section 607.0505, Florida	юпzed by a Statutes	tne corporati	poration submits this statement for the purpose of ion's board of directors. I hereby accept the appoint of the purpose of the	f changing its bintment as re	registered egistered
12.	OFFICERS AND		13.	a aignotoro roquin	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	ORS IN 12
TITLE	D CITIER AND	DELETE	1.1 TITLE			Change	☐ Addition
NAME	CALHOUN, DAWN	_	1.2 NAME				
STREET ADDRESS	ACTO OPEVOTONE TO			ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32818		1.4 CITY-S				
TITLE	D	☐ DELETÉ	2.1 TITLE			☐ Change	☐ Addition
NAME	CALHOUN, ROBERT		2.2 NAME				
STREET ADDRESS	ANTA AREVOTANE TO		2.3 STREET	TADORESS .			-
CITY-ST-ZIP	ORLANDO FL 32818		2. 4 CITY-S	T-ZIP			
TITLE		☐ DELETE	3.1 TITLE			☐ Change	☐ Addition
NAME			3.2 NAME	-			
STREET ADDRESS			3.3 STREET	ADDRESS			
CITY-ST-ZIP			3.4. CITY- S	T-ZIP			<u></u> .
TITLE		☐ DELETE	4.1 TITLE	[Change	☐ Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-ST-ZIP			4.4 CITY- S	T-ZIP			
TITLE		☐ DELETE	5.1 TITLE			Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			1	TADDRESS			
CITY-ST-ZIP			5.4 CITY-S	T-ZIP			- Addition
TITLE		☐ DELETE	6.1 TITLE			☐ Change	Addition
NAME			6.2 NAME				
STREET ADDRESS				TADORESS			
OTTAL OT THE	1		6.4 CITY-S	T-ZIP			

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: