FILL MOTE I ILMO I LL ALLEN MAL TOTTO POSSO

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

Secretary of State 06-10-1999 90054 008 \*\*\*150.00

Jun 10, 1999 8:00 am

FILED

DOCUMENT #

P98000084182

ENTERPRISES INC. BENCORP 5 79635 - 90019 - 10 Mailing Address Principal Place of Business 2780 So. DAKLAND FORT LAUDERDALE FOREST DZ # 1805 DAKLAND PK. DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed SEP1. 30, 199 EC. 33309 2. Principal Place of Business
21 2780 So. DAKLAND FRET 122 2780 So. DAKLAND FRET DE 4. FEI Number Applied For 65-08658 Not Applicable Suite, Apt. #, e \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 # 1805 \$5.00 May Be City & State 6. Election Campaign Financing FL- 28 CAKCAND PEFE 23 OAKLAND Trust Fund Contribution Added to Fees Country 8. This corporation owes the current year Intangible ☐ Yes F∰ No 25 US A Personal Property Tax. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent BENT AREL 2780 So. DAKLAND FRST DR # 1805 Street Address (P.O. Box Number is Not Acceptable) DAKLAND PK Zip Code 85 84 City 33309 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Addition Change PRESIDENT DELETE 1.1 TITLE TITLE L.BENT **CR2E034** PAREL 1.2 NAME NAME 2750 St. OAKLAND FRIT. DR. 1.3 STREET ADDRESS STREET ADDRESS 33309 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change DÉLETE 2.1 TITLE TITLE 22 NAME 2.3 STREET ADDRESS STREET ADORESS 2,4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 31 TITLE πLE 3 2 NAME NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change DELETE 4 t TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ DELETE SITITLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change DELETE 61 TITLE TITLE 82 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY-ST-ZIP CITY-ST-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 chapter 607, or other like empowered.

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-20 - 99

954-484-9503

Daytene Phone #