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 # P98000090408

1. Corporation Name

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

BILBEN ENTERPRISES, INC.

May 04, 1999 8:00 am Secretary of State

05-04-1999 90113 020 ***150.00



	•	•					
Principal Place of Business		Mailing Address			. 1 1881186) ein 1818 inter mart mart mart mart mart mart mart mar	91111 BB111 B1B11 B1	#1#4 1##1 (##)
1125 BROADWAY RIVIERA BEACH FL 33404		1125 BROADWAY RIVIERA BEACH FL 33404			DO NOT WRITE IN THIS SPACE		
•				÷	3. Date Incorporated or Qualifed 10/22/1998		
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	1.44	lied For
21		26 PO BOX 211	<u> 734</u>		EIN 45-0872757		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		\	5. Certificate of Status Desired	\$8.75 Ac	
City & State		City & State 28 WEST PALM BEACIL PL		it FL	6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees		
Zip	· Country	Zip	Country		8. This corporation owes the current year Inta		
24	25	29 5 33421 30	usi	}	Personal Property Tax.		□No
Name and Address of Current Registered Agent					10. Name and Address of New Registered	\gent	
			81	Name		-	
GREENFIELD, JOANNE H			82	Street Addre	ss (P.O. Box Number is Not Acceptable)		
11698 ANHINGA DRIVE					<u> </u>		_
WEST PALM BEACH FL 33414			83				
	•		84	City	FL	85 Zip C	ode
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was autho	orized by th	named corporation	ration submits this statement for the purpose of is board of directors. I hereby accept the appoin	changing its r itment as reg	egistered istered
SIGNATURE				 	when reinstalling) DATE		
	Signature, typed or printed name of registered agen	nt and title if applicable. (NOTE: Reg	13.	ignature required	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTOR	
12.		DELETE	1.1 TITLE		ADDITIONO/OFFINANCEO TO OFFICE NO ALL	☐ Change	Addition
NAME			1.2 NAME			_ •	-
· · · -	GILLIA ILLD, SOMME TI		1.3 STREET A	DDDESS			
STREET ADDRESS	1 100 Fill liver bit						
CITY-ST-ZIP			1.4 CITY-ST-7	LIF		☐ Change	Addition
TITLE			2.2 NAME				_ "
NAME	GREENFIELD, WILLIAM			DDDEEE			
STREET ADDRESS	11000 Filminan Dir		2.3 STREET ADDRESS				1
CITY-ST-ZIP			2. 4 CITY-ST- 3.1 TITLE	ZIP	<u> </u>	Change	Addition
TITLE	D CARVED CTUART		3.1 NAME				
NAME	CARVER, STUART	•	3.3 STREET A	nnoree			
STREET ADDRESS	2919-E N MILITARY TR #220						
CITY-ST-ZIP	WEST PALM BEACH FL 33409	☐ DELETE	3.4. CITY-ST- 4.1 TITLE	ZIP		Change	Addition
TITLE		ے کردر او			•		
NAME !	†		4, 2 NAME	1			

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 changed, or on an attachment with an address, with all other like empowered.

ENERDISADED N. GREENFIELD **SIGNATURE**

4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

☐ DELETE

☐ Addition

☐ Addition

☐ Change

Change