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 # P98000092280

May 05, 1999 8:00 am Secretary of State

05-05-1999 90138 029 ***150.00

E'AM ENTERPRISES INC.					
Principal Place of Business Mailing Address					
2108 SAN JOSE BLVD. 2108 SAN JOSE BLVD.					
ORLANDO FL 32808 ORLANDO FL 32808					
				DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualifed 10/29/1998
2. Principal Place of Business		2a. Mailing Address			4. FEI Number / / / / / / / Applied For
21		26			59-3541414 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional
22		27			Fee Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be
23 28					Trust Fund Contribution Added to Fees
Zip			Country		8. This corporation owes the current year Intangible Personal Property Tax Property Tax
24	25		30		1 discript 1 topolity 1 top.
	9. Name and Address of Currer	nt Registered Agent	81	Name	10. Name and Address of New Registered Agent
COM	ANI MAEE		81	Name	
COWAN, MAE E 1 2108 SAN JOSE BLVD.			82	Street Ad	address (P.O. Box Number is Not Acceptable)
ORLANDO FL 32808			00		
ONL	1100 FL 32000		83		
			84	City	85 Zip Code
				L	FL 03 24 October
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					
OIGHAIGHE	Signature, typed or printed name of registered age	,	<u> </u>	nt signature requ	quired when reinstating) DATE
12.		ID DIRECTORS	13.	т.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
TITLE	D	☐ DELETE	1.1 TITLE		C Oricange Common
NAME	COWAN, MAE E		1.2 NAME		
STREET ADDRESS	2100 0111 0002 5=101		1.3 STREE	TADDRESS	
CITY-ST-ZIP			1.4 CITY-S	T-ZIP	☐ Change ☐ Addition
TITLE	D	☐ DELETE	2.1 TITLE		☐ Citalile ☐ Monitori
NAME	COWAN, TYLONDA Q		2.2 NAME		
STREET ADDRESS	2108 SAN JOSE BLVD.		2.3 STREE	TADDRESS	
CITY-ST-ZIP	0112 1120 12 0201-		2. 4 CiTY-8	ST-ZIP	DA DAdes
TITLE	D DELETE 3.1 TIT		3.1 TITLE		☐ Change ☐ Addition
NAME	COTTAIN, MACHINE D		3.2 NAME		
STREET ADDRESS	2102-F WEST OAK RIDGE RD		3.3 STREE	T ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32809		3.4. CITY-5	ST-ZIP	
TITLE		☐ DELETÉ	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREE	T ADDRESS	
CITY-ST-ZIP	·		4,4 CITY-S	T-ZIP	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS				T ADDRESS	
CITY-ST-ZIP			5.4 CITY-S	T-ZiP	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREE	TADDRESS	

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

SIGNATURE: