

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

FILED
Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90066 009 ***150.00

0578043

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P98000096218

1. Corporation Name
A & E ENTERPRISES, INC.



Principal Place of Business: **38117 MARKET SQUARE MEDICAL CENTER ZEPHYRHILLS FL 33540**
 Mailing Address: **38117 MARKET SQUARE MEDICAL CENTER ZEPHYRHILLS FL 33540**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/16/1998**

4. FEI Number: **59-3556259** Applied For: Not Applicable

5. Certificate of Status Desired: **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business: **38117 Market Sq Med** 2a. Mailing Address: **38117 Market Su med**

Suite, Apt. #, etc.: **Zephyrhills Fl 33540** Suite, Apt. #, etc.: **Zephyrhills Fl 33540**

City & State: **Zephyrhills Fl 33540** City & State: **Zephyrhills Fl 33540**

Zip: **33540** Country: **FL** Zip: **33540** Country: **FL**

9. Name and Address of Current Registered Agent
KUHNS, EUGENE L
38117 MARKET SQUARE MEDICAL CENTER
ZEPHYRHILLS FL 33540

10. Name and Address of New Registered Agent

81 Name: _____

82 Street Address (P.O. Box Number is Not Acceptable): _____

83 _____

84 City: **FL** 85 Zip Code: _____

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	HALL, ARTHUR F
STREET ADDRESS	38117 MARKET SQUARE MEDICAL CENTER
CITY-ST-ZIP	ZEPHYRHILLS FL 33540
TITLE	D <input type="checkbox"/> DELETE
NAME	KUHNS, EUGENE L
STREET ADDRESS	38117 MARKET SQUARE MEDICAL CENTER
CITY-ST-ZIP	ZEPHYRHILLS FL 33540
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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: *Eugene L Kuhns* SIGNATURE REQUIRED **4-9-99**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)