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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 DOCUMENT # βαριχο (02.9.7.1)

FILED May 24, 1999 8:00 am Secretary of State

05-24-1999 90007 003 ***150.00

1. Corporation	MENI # \$48000102	-4 /10						
NATIONAL ENTERPRISES INC.								
Principal Place	e of Business	Mailing Address						
	ARBOR LANE	3						
	WOOD, FL 33021	SAME			DO NOT WRIT	TE IN THIS	SBACE	
					Date Incorporated or Qualifed	IE IN THIS	SFACE	
					12-09-98			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		A	oplied For
21 3202 ARBOR LANE 26 3202 ARBOR		R LANE		65-0903360			ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		T	Additional
22		City 9 Chata						equired
City & Stat		City & State 28 HOLLYWOOD	FLOR	TDA	6. Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip HOLL	YWOOD, FLORIDA Country	Zip	Country		8. This corporation owes the curre	ent year Inte		
24 3302	1 25 u.s.a	33021	o <u>U.</u>	S.A	Personal Property Tax.		Yes	√No
3302	9. Name and Address of Current	Registered Agent		1	10. Name and Address of New R	legistered /	Agent	
ARIE	NE N. GARCIA		81	Name				
	ARBOR LANE		82	Street Add	dress (P.O. Box Number is Not Accepta	ress (P.O. Box Number is Not Acceptable)		
	WWOOD, FLORIDA 33	021	83					
	incop, inciting						-,-,-	
			84	City		FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	, the above	i e-named coi	poration submits this statement for the	purpose of	changing its	registered
l office or n	registered agent, or both, in the State of m familiar with, and accept the obligation	Florida. Such change was auti	nonzea by	tne corpora	tion's board of directors. I hereby accep	it the appoir	itment as re	egistered
		113 01, 3600011 007.0003, 1 10114	a Jakacs					
_			a claidles	•				
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE; R	egistered Ager		red when reinstating)	DATE	D DIDECTO	DPS IN 12
SIGNATURE	Signature, typed or printed name of registered egent a OFFICERS AND	nd title if applicable. (NOTE: R	egistered Ager		red when reinstating) ADDITIONS/CHANGES TO OF		D DIRECTO	DRS IN 12
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SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered agent a OFFICERS AND PRESIDENT ARLENE N. GARCIA	nd title if applicable. (NOTE: RIDIRECTORS	13. 1.1 TITLE 1.2 NAME	nt signature requi				
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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 it enlarged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-99

Da

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