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

PROFIT
CORPORATION
ANNUAL REPORT
1999

DOCUMENT # **S06420**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90111 040 ***150.00

1. Corporation	Name				-		
-	C ENTERPRISES INC.						
, = , ,,,,,					I FRANCON EN BRING BIND DIRIO (181) 60% DIRIO	1111 11511 11111	BIRI SINI ISB
Principal Place of Business Mailing Address					I CONTINUE ON CONTINUE DIVIDED MANY DAYS BERNIN	#1#11 B1#11 B1#11	0:E() 0(6)((8E)
3421 NW 32ND WAY 3421 NW 32ND WAY					į		
FT LAUDERDALE FL 33309 FT LAUDERDALE FL 33309					DO NOT WRITE IN THIS SPACE		
US US					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed 10/17/1990		
Principal Place of Business 2a. Mailing Address					4. FEI Number		oplied For
					65-0227262		ot Applicable
26 Suite, Apt. #, etc. Suite, Apt. #, etc.						\$8.75	
22 27 27 27 27 27 27 27 27 27 27 27 27 2			.==		5. Certificate of Status Desired		equired
City & State City & State					6. Election Campaign Financing	\$5.00	May Be
23 28					Trust Fund Contribution		to Fees
Zip	Country	Zip	Countr	y	8. This corporation owes the current year Ir	ntangible	
24	25 29 30				Personal Property Tax.		
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered	Agent	
			81	Name			ì
LAPIERRE, REJEAN			82	Street Add	Iress (P.O. Box Number is Not Acceptable)		
7800 W. OAKLAND PARK BLVD. BLDG. 6							
SUN	RISE FL 33351		83	<u> </u>			
			84	City		85 Zip	Code
				-	<u>FI</u>	∟ í l	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	s, the abov	e-named cor	poration submits this statement for the purpose of ion's board of directors. I hereby accept the appo	f changing its	registered
agent. Fai	m familiar with, and accept the obligation	ons of, Section 607.0505, Florid	da Statute	s.	long board of directors. Thereby about the appr		
SIGNATURE							
Signature, typed or printed name of registered agent and title if applicable. [NOTE: Re				nt signature requir	ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT(DRS IN 12
12.	OFFICERS AND DIRECTORS DELETE		13.		ADDITIONS/CHANGES TO OFFICERS A	Change	Addition
TITLE			1.1 TITLE				
NAME	TESSIER, FERNAND		1.2 NAME	T ADORESS			
STREET ADDRESS	LAUDEDDALE DV CEA EL						·
CITY-ST-ZIP			1.4 CITY- 2.1 TITLE	SI-ZIP		Change	Addition
	_		2.2 NAME			_ `	_
NAME	1005 00514 00			T ADDRESS			
STREET ADDRESS			2.4 CITY		والمحالف في المستحجرين المان المان الم		- <u></u>
ČΠY-ST-ZIP `			3.1 TITLE	VCII		Change	☐ Addition
NAME			3.2 NAME				•
STREET ADDRESS			•	T ADORESS			
CITY-ST-ZIP			3.4. CITY-	1			}
TITLE			4.1 TITLE			Change	Addition
NAME			4. 2 NAME				1
STREET ADDRESS				T ADDRESS			{
CITY-ST-ZIP			4.4 CITY-				
TITLE			5.1 TITLE			☐ Change	☐ Addition
NAME			5.2 NAME				ĺ
STREET ADDRESS			5.3 STREE	ET ADDRESS			
CITY-ST-ZIP			5.4 CITY-	ST-ZIP			
TITLE	□ DELETE 64		6.1 TITLE			Change	☐ Addition
NAME			6.2 NAME				}
,	4.5		63 STRF	T ADDRESS			

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.

6.4 CITY-ST-ZIP

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TE551 ER

14-90 954-749-8