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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(7)

FILED
Apr 24 1998 8:00am
Secretary of State

	ENTERPRISES, INC.								
Principal Plac	e of Business	Mailing Address					IB) 41011 01011 1	HELF BEBEL QUE	1))
6617 GOVERN	NORS DR	6617 GOVERNORS DR							
	RICHEY FL 34855	NEW PORT RICHEY FL 3	34655						
						DO NOT WRITE	E IN THIS SI	PACE	
ļ						3. Date Incorporated or Qualified			
9 Principal D	Place of Business	2a. Mailing Address				12/17/1990 4. FEI Number			
21 21	lace of Bosiless	26. Maining Address							pplied For lot Applicable
Suite, Apt.	#. etc	Suite, Apt. #, etc.				59-3044499			Additional
22	.,	27				5. Certificate of Status Desired		.	Regulred
City & Stat	le	City & State			·	6. Election Campaign Financing			May Be
23		28				Trust Fund Contribution			to Fees
Zip	Country	Zip	Cour	ntry	·~ ·~ · · · · · · · · · · · · · · · · ·	8. This corporation owes or has pa	aid the curre	ent year In	itangible
24	25	29	30			Personal Property Tax due June			∐ Ño
	g, Name and Address of Cu	rrent Registered Agent				10. Name and Address of New Re	egistered A	gent	,
BIF	FULCO, PAULINE		l.	81 Na	me				
66	17 GOVERNORS DR		- h	82 Str	eet Addre	ss (P.O. Box Number is Not Acceptal	ble)		
NE	W PORT RICHEY FL 34655		L						
			[·	83					
			<u> </u>	84 Cit	v			85 Zip	Code
			ŀ		•		FL]]	
11. Pursuant	to the provisions of Sections 607.	.0502 and 607.1508, Florida Statut	les, the ab	ove-ner	ned corpo	oration submits this statement for the pon's board of directors. I hereby acce	purpose of o	changing i	its registered
agent. I a	am familiar with, and accept the o	bligations of, Section 607.0505, Fk	orida Statu	itos ino	corporatio	orra board of directors. Thereby acce	prine appo	munioni as	s registered
				1103.					
SIGNATURE									
	Signature, typed or printed name of registere	od agent and title if applicable (NOT	E: Registered			d when reinstaling)	DATE		
12.	OFFICERS	of agent and title if applicable (NOT AND DIRECTORS	E: Registered	Agent sign			DATE CERS AND	DIRECTOR	RS IN 12
12. TITLE	OFFICERS PT	od agent and title if applicable (NOT	E: Registered 13.	Agent sign		d when reinstaling)	DATE CERS AND		
12. TITLE NAME	OFFICERS PT BIFULCO, PAULINE	of agent and title if applicable (NOT AND DIRECTORS	13. 1.1 TITE	Agent sign	nature requires	d when reinstaling)	DATE CERS AND	DIRECTOR	RS IN 12
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS PT BIFULCO, PAULINE 6617 GOVERNORS DR. NEW PORT RICHEY FL	of agent and tale if applicable (NOT AND DIRECTORS DELETE	13. 1.1 TITE 1.2 NAI 1.3 STF 1.4 CIT	Agent sign LE ME REET ADOR Y-ST-ZIP	nature requires	d when reinstaling)	DATE CERS AND	DIRECTOR Change	RS IN 12
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14. 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.

SIGNATURE: Paul : Ribble PAULINE BIFULCO 4/18/02 213-372-8909