Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90041 039 \*\*\*150.00

## 77/5 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 # **S27917**

1. Corporation Name

	ENTERPRISE COMPANY, I	NCORPORATED		
Principal Pla	ice of Business	Mailing Address		
Principal Place of Business Mailing Address 3629 W CYPRESS ST 3629 W CYPRESS ST				
TAMPA FL 33607 SUITE 1				
		TAMPA FL 33607		DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualifed
				01/28/1991
2. Principal	Place of Business	2a. Mailing Address		4. FEI Number Applied For
21		26		<b>59-3056631</b> Not Applicable
Suite, Ap	t. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired
22		27		5. Certificate of Status Desired
City & Sta	ate	City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible
24	25	29 3	¬ ·	Personal Property Tax.
24	9 Name and Address of Curre			10. Name and Address of New Registered Agent
	g, Italic and Addition of Contra	g	81 Name	
MIL	JUS, ROBBEN C.			
	29 W CYPRESS ST		82 Street	Address (P.O. Box Number is Not Acceptable)
TAI	MPA FL 33607		83	
			84 City	■■ 85 Zip Code
				FL
11. Pursuan	nt to the provisions of Sections 607.05	02 and 607.1508, Florida Statutes	the above-named	corporation submits this statement for the purpose of changing its registered
agent. I	am familiar with, and accept the oblig	e of Florida. Such change was aut	norized by the corpo	oration's board of directors. I hereby accept the appointment as registered
agent. I SIGNATURE	am familiar with, and accept the oblig	e of Florida. Such change was autoations of, Section 607.0505, Florid	norized by the corpo	yation's board of directors. Thereby accept the appointment as registered
agent. I SIGNATURE	am familiar with, and accept the oblig  Signature, typed or printed name of registered ag	e of Florida. Such change was autoations of, Section 607.0505, Florid	norized by the corporate Statutes.	equired when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
agent. I	am familiar with, and accept the oblig  Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE: R	nonzed by the corpo la Statutes.	equired when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
agent. I SIGNATURE	am familiar with, and accept the oblig    Signature, typed or printed name of registered ag   OFFICERS A	ent and title if applicable.  ND DIRECTORS	tegistered Agent signature re	equired when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  PRESIDENT  Addition
agent. I SIGNATURE 12. TITLE NAME	am familiar with, and accept the oblig    Signature, typed or printed name of registered ag   OFFICERS A     D     MILJUS, ROBBEN C	ent and title if applicable.  ND DIRECTORS	tegistered Agent signature re  13. 1.1 TITLE 1.2 NAME	PRESIDENT  ROBBEN C. MILJS  5308 11 THAM COURT
agent. I SIGNATURE  12. TITLE NAME STREET ADDRES	am familiar with, and accept the oblig    Signature, typed or printed name of registered ag   OFFICERS A     D     MILJUS, ROBBEN C     5124 STERLING MANOR DR	ent and title if applicable.  ND DIRECTORS	tegistered Agent signature re  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS	PRESIDENT  ROBBEN C. MILJS  5308 11 THAM COURT
agent. I SIGNATURE  12. TITLE NAME STREET ADDRES CITY-ST-ZIP	am familiar with, and accept the oblig    Signature, typed or printed name of registered ag   OFFICERS A     D     MILJUS, ROBBEN C	ent and title if applicable.  ND DIRECTORS	tegistered Agent signature re  13. 1.1 TITLE 1.2 NAME	equired when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  PRESIDENT  ROBBEN C MILJS
agent. I SIGNATURE  12. TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE	am familiar with, and accept the oblig    Signature, typed or printed name of registered ag   OFFICERS A     D     MILJUS, ROBBEN C     5124 STERLING MANOR DR	ent and title if applicable.    Delete   Delete	tegistered Agent signature ro  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP	PRESIDENT  ROBBEN  SOB SITHAM COURT  TAMPA  FL 37647
agent. I SIGNATURE  12. TITLE NAME STREET ADDRES CITY- ST- ZIP TITLE NAME	am familiar with, and accept the oblig    Signature, typed or printed name of registered ag   OFFICERS A     D     MILJUS, ROBBEN C     5124 STERLING MANOR DR     TAMPA FL	ent and title if applicable.    Delete   Delete	tegistered Agent signature re  13.  1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	PRESIDENT  ROBBEN  SOB SITHAM COURT  TAMPA  FL 37647
agent. I SIGNATURE  12. TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE NAME STREET ADDRES	am familiar with, and accept the oblig    Signature, typed or printed name of registered ag   OFFICERS A     D     MILJUS, ROBBEN C     5124 STERLING MANOR DR     TAMPA FL	ent and title if applicable.    Delete   Delete	torized by the corpcial Statutes.  logistered Agent signature re  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY- ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS	PRESIDENT  ROBBEN  SOB SITHAM COURT  TAMPA  FL 37647
agent. I SIGNATURE  12. TITLE NAME STREET ADDRES CITY- ST- ZIP TITLE NAME	am familiar with, and accept the oblig    Signature, typed or printed name of registered ag   OFFICERS A     D     MILJUS, ROBBEN C     5124 STERLING MANOR DR     TAMPA FL	ent and title if applicable.    Delete   Delete	tegistered Agent signature re  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME	PRESIDENT  ROBBEN  SOB SITHAM COURT  TAMPA  FL 37647
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agent. I SIGNATURE  12. TITLE NAME STREET ADDRES CITY- ST- ZIP TITLE NAME STREET ADDRES CITY- ST- ZIP TITLE	am familiar with, and accept the oblig  Signature, typed or printed name of registered ag  OFFICERS A  D  MILJUS, ROBBEN C  5124 STERLING MANOR DR  TAMPA FL	ent and the if applicable. (NOTE: R  ND DIRECTORS  DELETE	la Statutes.  legistered Agent signature re  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY- ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY- ST-ZIP  3.1 TITLE	equired when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  PRESIDENT  ROBBEN C. MILJUS  5308 21 MAM COURT  TAMPA FL 33647  Change Addition
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agent. I SIGNATURE  12. TITLE NAME STREET ADDRES CITY- ST- ZIP	am familiar with, and accept the oblig  Signature, typed or printed name of registered ag  OFFICERS A  D  MILJUS, ROBBEN C  5124 STERLING MANOR DR  TAMPA FL	ations of, Section 607.0505, Florid ations of, Section 607.0505, Florid ent and title if applicable. (NOTE: RND DIRECTORS DELETE	tegistered Agent signature re  13.  1.1 TITLE  12 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  3.4. CITY-ST-ZIP  4.1 TITLE	PRESIDENT  ROBBEN C. MILJUS  5308 DITHAM COURT  THAMPA FL 37647    Change   Addition
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agent. I SIGNATURE  12. TITLE NAME STREET ADDRES CITY- ST- ZIP TITLE NAME STREET ADDRES STREET ADDRES	am familiar with, and accept the oblig  Signature, typed or printed name of registered ag  OFFICERS A  D  MILJUS, ROBBEN C  5124 STERLING MANOR DR  TAMPA FL	ations of, Section 607.0505, Florid ations of, Section 607.0505, Florid ent and title if applicable. (NOTE: RND DIRECTORS DELETE	tegistered Agent signature re  13.  1.1 TITLE  12 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  3.4. CITY-ST-ZIP  4.1 TITLE  4.2 NAME  4.3 STREET ADDRESS	PRESIDENT  ROBBEN C. MILJUS  5308 DITHAM COURT  THAMPA FL 37647    Change   Addition
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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 accurate on 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 attempt with an address, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

64 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

□ DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

☐ Change

☐ Addition