SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Aug 27, 1999 8:00 am Secretary of State

08-27-1999 90002 035 ***550.00

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•		ERPRISES, INC.						0.10033 - 20007	- 33
17711110									
Principal Place	e of Busines:	<u> </u>		Mailing Address				-	
37700 US-19 N		-		37700 US 19 N					
PALM BEACH				PALM HARBOR FL 3466	34				
US			į	US				DO NOT WRITE IN THIS SI	PACE
								3. Date Incorporated or Qualified 04/25/1991	
2. Principal Pl	lace of Dunie			a. Mailing Address				4. FEI Number	Applied For
21	iace of Dusii	1655	26		MES	Goow	\mathcal{L}	59-3063616	Not Applicable
Suite, Apt. #, etc.			20	Suite, Apt. #, etc.			<u> </u>		\$8.75 Additional
22			27					5. Certificate of Status Desired	Fee Required
City & State	е		28	CLEARU	JATE	RF	1	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip		Country		Zip 2225	<u> </u>	USF	_	8. This corporation owes the current year	Yes No
24	0 Name	25 and Address of Cui	rrent Regi		30	U ST	`	Intangible Personal Property. 10. Name and Address of New Registered Ag	
	9, 1401110	BITO ACCITED OF CO	inein itegi	atoroa rigani		81 Name	• • •	10.	•
	ompson, e					82 Street	Adden	ss (P.O. Box Number is Not Acceptable)	
	O CLEVELN	NAD ST				02 311991	Addre	SS (P.O. BOX NUMBER IS NOT Acceptable)	
	TE 270	El 04045				83			-
ULE	ARWATER	FL 34615				84 City			85 Zip Code
						' '		FL:	
office or i	renistered at	gent sor both in the S	tate of Fig	rida. Such change was	ร สมรักงศร	ad by the con	corpora	ation submits this statement for the purpose of char n's board of directors. I hereby accept the appoints	nging its registered ment as registered
agent. I a	am familiar v	with, and accept the of	bligations	of, section 607.0505, I	Florida Sta	atutes.	,0,0,0,	- ela	1100
SIGNATURE	78 Br							~ 75 12°	1147
					MICTE D			DATE	
12	Signature, typed		agent and title				niupen eru	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
12.	D D	or printed name on ogistered OFFICERS		ECTORS	13		ure requir	red when reinstating) ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12 Change Addition
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