Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90212 013 \*\*\*300.00

## 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

<ol> <li>Corporation</li> </ol>	MENT # \$48745 ENTERPRISES, INC.		•						
Principal Place	of Business	Mailing Address							•
3377 S W 2ND AVE FT LAUDERDALE FL 33315		3377 S W 2ND AVE FT LAUDERDALE FL 33315			DO NOT WE	ITE IN THIS S	SPACE		
٠						<ol> <li>Date Incorporated or Qualifed 04/30/1991</li> </ol>	i .		
<del>-</del>	ace of Business	2a. Mailing Address				4. FEI Number 65-0275451			Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			-	. Certifcate of Status Desired Sa.75 Additional Fee Required			
City & State		City & State				6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees			
Zip         Country         Zip         Cou           4         25         29         30			Country	Personal Property Tax.					<b>∑</b> No
	9. Name and Address of Current	Registered Agent	- 04	I		0. Name and Address of New	Registered A	gent	
FOL	DY, DANIEL R		81	Name					
4937 N.W. 67 AVENUE			82	Street	Address	(P.O. Box Number is Not Accep	table)		
LAUDERHILL FL 33319			83					•	_
			84	City				85 Zip C	Code
				'		•	<u>FL</u>		
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligati	if Florida. Such change was author	izea ov	ine cord	f corporat coration's	tion submits this statement for the board of directors. I hereby acc	e purpose of o ept the appoin	hanging its tment as rec	registered gistered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Regin	stered Age	ot signature	required whe	en reinstating)	DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO C	FFICERS AN		
TITLE	PST	☐ DELETE	1.1 TITLE			•		☐ Change	☐ Addition
NAME	FOLDY, DANIEL R		1.2 NAME						
STREET ADDRESS			1.3 STREE	T ADDRESS	\$				}
CITY+ST-ZIP	FT LAUDERDALE FL		1.4 CITY-5	T-ZIP	<u> </u>			☐ Change	Addition
TITLE	_		2.1 TITLE					□ ondinge	
NAME	( OLD I, DAWLE II		2.2 NAME	T ADDRESS					
STREET ADDRESS			2. 4 CITY-		, , , ,				-
CITY-ST-Z#P			3.1 TITLE	31-ZIF	+			☐ Change	Addition
NAME			3.2 NAME						
STREET ADDRESS	AATT O IN OND AVE		3.3 STREE	TADDRESS	s				
CITY-ST-ZIP			3.4. City-St-ZiP						
TITLE	The state of the s		4.1 TITLE		T			Change	☐ Addition
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREE	T ADDRESS	3				
CITY-ST-ZIP			4.4 CITY-5	ST-ZIP					
TITLE		☐ DELETE	5.1 TITLE			•	•	☐ Change	Addition )
NAME			5.2 NAME						ſ
STREET ADDRESS			5.3 STREE	T ADDRESS	\$				

CITY-ST-ZIP 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, of on an attachment with an address, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE: \

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

☐ DELETE

954-746-2781

☐ Change

☐ Addition