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

PROFIT CORPORATION

NORTHERN ENTERPRISE, INC.

DOCUMENT #



S49719

Secretary of State DIVISION OF CORPORATIONS

(5)

FLORIDA DEPARTMENT OF STATE Sandra B. Mortham ANNUAL REPORT 1998

## **FILED** Jan 15 1998 8:00am Secretary of State

| cipal Place of Business | Mailing Address | 7   COSTAIN     MISSO   MISSO |
|-------------------------|-----------------|---|
| O DUNDEE DR             | 9440 DUNDEE DR  |   |

| Principal Plac                  | e of Business  | Mailing Address                             |               |                    | 1 (467,010 tit 616/4 (6111 (600, 118) (611) 418(1 613) 416(1 616) 618(1 616)   |
|---------------------------------|--|---|---------------|--------------------|--|
| 9440 DUNDEE<br>LAKE WORTH<br>US |  | 9440 DUNDEE DR<br>LAKE WORTH FL 33467<br>US |               |                    | DO NOT WRITE IN THIS SPACE   |
|                                 |  |   |               |                    | 3. Date Incorporated or Qualified  |
|                                 |  |   |               |                    | 05/03/1991   |
| 2. Principal P<br>21 6899       | tace of Business BAYSHCRE DRIVE                      | 2a. Mailing Address<br>26 6899 BAYSHO       | RE            | DRIVE              | 4. FEI Number \$65-025-9695 Applied For Not Applicable   |
| Suite, Apt.                     | #, etc.  | Suite, Apt. #, etc.                         |               |                    | 5 Contificate of Status Decired S8.75 Additional   |
| 22                              |  | 27  |               |                    | Fee Required   |
| City & State                    |  | City & State 28 LANTINIA                    | TOR           | -DA                | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution   |
| Zip                             | Country  | Zip   | Country       |                    | 8. This corporation owes or has paid the current year Intangible   |
| 24 334                          | 1==1   | 29 33462 30                                 | <u> </u>      | s. A _             | Personal Property Tax due June 30. X Yes No  |
|                                 | 9. Name and Address of Current                       | Registered Agent                            |               | *****              | 10. Name and Address of New Registered Agent   |
| li .                            | ine, Jeffrey A.                                      |   | 81            | Name               |  |
| 1                               | 00 S AUSTRALIAN AVE                                  |   | 82            | Street Add         | fress (P.O. Box Number is Not Acceptable)  |
| SUITE 204                       |  |   |               |                    |  |
| WEST PALM BEACH FL 33409        |  |   |               |                    |  |
|                                 |  |   | 84            | City               | FL 85 Zip Code   |
| 44 Purcuant                     | to the provisions of Sections 607 0502               | and 607 1508. Florida Statutes, I           | he ahove      | anamad core        |  |
| office or r                     | egistered agent, or both, in the State of            | f Florida, Such change was author           | orized by     | the corpora        | poration submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered |
|                                 | m familiar with, and accept the obligati             |   | Statutes      | 5.                 |  |
| SIGNATURE                       | Signature, typed or printed name of registered agent |   | gistered Age  | nt signature requi | ired when reinstating) DATE  |
| 12.                             | OFFICERS AND   |   | 13.           |                    | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  |
| TITLE                           | D  | DELETE                                      | 1.1 TITLE     |                    | <b>⊠</b> Change ☐ Addition   |
| NAME                            | HOPKINSON, NICHOLIS S.                               | i   | 1.2 NAME      | H                  | opkinson micholas s.   |
| STREET ADDRESS                  | 9440 DUNDEE DRIVE                                    |   | 1.3 STREET    |                    | 899, BAYSHORE DRIVE  |
| CITY-ST-ZIP                     | LAKE WORTH FL  |   | 1,4 CITY-S    | T-ZIP              | WTANA FZ 33462   |
| TITLE                           |  | DELETE                                      | 2.1 TITLE     |                    | Change Addition  |
| NAME                            |  |   | 2.2 NAME      |                    |  |
| STREET ADDRESS                  |  |   | 2.3 STREET    | ADDRESS            |  |
| CITY-ST-ZIP                     |  |   | 2. 4 CITY - 9 | ST-ZIP             |  |
| TITLE                           |  | ☐ DELETE                                    | 3.1 TITLE     |                    | ☐ Change ☐ Addition  |
| NAME                            |  | 1   | 3.2 NAME      |                    |  |
| STREET, ADDRESS                 |  | i i   | 3,3 STREET    | ADDRESS            |  |
| CITY-ST-ZIP                     |  |   | 3,4. CITY - S | T-ZIP              |  |
| TITLE                           |  | DELETE                                      | 4.1 TITLE     |                    | ☐ Change ☐ Addition  |
| NAME                            |  | j   | 4. 2 NAME     |                    |  |
| STREET ADDRESS                  |  | Į.  | 4.3 STREET    | ADDRESS            |  |
| CITY-ST-ZIP                     |  |   | 4,4 CITY-S    | T- ZIP             |  |
| TITLE                           |  | ☐ DELETE                                    | 5.1 TITLE     |                    | Change Addition  |

CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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.

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE -

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

1-3-98

561-968-8811

Change

\_\_\_ Addition