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

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998			DIVISION OF CORPORATIONS		J Secretary of State		
	MENT # S NTERPRISES, INC	83936	(2)				
Principal Plac	e of Business	Mai	ling Address			N BISE DYDIE DIBLE DEDRE DIBLE DEDRE DEDRE DEDRE COM	
310 S DALE	MABRY HWY		BOX 20512				
SUITE 210 TAMPA FL 33609			TAMPA FL 33622 US		DO NOT WRITE IN THIS SPACE		
US	~~~	50			3. Date Incorporated or Qualific	ed	
					09/30/1991		
2. Principal P	lace of Business W. AZEELE	. STREET 28.	Mailing Address		4. FEI Number 59-3090712	Applied For Not Applicable	
Suite, Apt.			Suite, Apt. #, etc.	····		\$8.75 Additional	
<del></del>	102	27		·····	5. Certificate of Status Desired	Fee Required	
City & State	a EL	} <sub>1</sub>	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be	
Zin	Countr	y 28	Zip	Country		paid the current year Intangible	
24 33600	1 25 Itiu	54010U6H 29		30	Personal Property Tax due Ju	une 30. X Yos No	
		as of Current Registe	red Agent	01) Name	10. Name and Address of New		
TAMPA FL 33629					lencer bradley	<u> </u>	
				82 Street Add	ress (P.O. Box Number is Not Accer B W 425516 STI	otable)	
				83	ITE 102		
						85 Zin Code	
				1 1 1	ampa-	FL     33609	
11. Pursuant office or r	to the provisions of Sec egistered agent, or ort	ions 607.0502 and 60 Lin the State of Florida	7.1508, Florida Statut Such change was a	es, the above-named corpora authorized by the corpora	poration submits this statement for the tion's board of directors. I hereby ac	ne purpose of changing its registered cept the appointment as registered	
	m familiar with, an	TO VARY UNU	Section 607.0605, Fig	orida Statutes.	1-7-	98	
SIGNATURE	Signature, typiod or printed name	of registered agent and title if	applicable (NOT	E Registered Agent signature requi	ired when reinstating)	DATE	
12.		FFICERS AND DIRECT	ORS DELETE	13.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12  Change	
TITLE NAME	D Mercer, Bradle	:v E	L] bereit	1.1 TITLE 1.2 NAME			
STREET ADDRESS	1908 S. CHURCH			1.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL	N/L		1,4 C(1Y - S1 - Z(P			
TITLE			DELETE	2.1 TITLE		Change Addition	
NAME				2.2 NAME			
STREET ADDRESS				2.3 STREF1 ADDRESS			
CITY-ST-ZIP TITLE			DELETE	2 4 CHY-ST-ZIP 3.1 TITLE		☐ Change ☐ Addition	
NAME			peren	3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4. C(TY - S1 - Z(P			
TITLE			DELETE	4.1 T/1LE		Change Addition	
NAME				4. 2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP TITLE			DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE			☐ DELFTE	6.1 TATLE		Change Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			

14. Thereby 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 changes of on an atjachmen with an address.

**FILED** 

Jan 20 1998 8:00am

Secretary of State