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

PROFIT CORPORATION **ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED								
Feb 04 1998 8:00am								
Secretary of State								

	MENT # S88222 Enterprises, Inc.	2 (2)				2 100 110 10 10 10 10 10 10 10 10 10 10 1	i 1181 Pinto Sti	Bell Bildie Brûse be	iðil Drðir ikði
Principal Place		Mailing Address				i concern the series come sides sent	P}# P	#11 WIBIT WIBIT DI	Eit Mille 1891
\$125 HWY A1A 1125 HWY A1A									
APT. 609 SATELLITE BEACH FL 32937 APT. 609 SATELLITE BEACH FL 32937						DO NOT WRITE IN THIS SPACE			
US		US				3. Date Incorporated or Qualified	1		
Delucioni Di	loss of Director	TAL NEW ARREST				10/18/1991			
2. Principal Pi	lace of Business	2a. Mailing Address 26 1121 WAYNEWOOD BLUD			4. FEI Number) ———	Applied For Not Applicable		
Sulte, Apt.	#, etc.	Suite, Apl. #, etc.			59-3091468			Additional	
22		27			5. Certificate of Status Desired		· - · · ·	lequired	
City & State	8	City & State			6. Election Campaign Financing		\$5.00	May Be	
23	Couple	28 ALEVANDRIA, V				Trust Fund Contribution	□		to Fees
Zip 24	Country 25	29 22308			SA.	This corporation owes or has p Personal Property Tax due Jur			ilangible D No
24	9. Name and Address of Current		1301	T	J//	10. Name and Address of New F			
JAI.	COBY, KENNETH N			81	Name		=		
1423 S PATRICK DR				82	Street Addr	ess (P.O. Box Number is Not Accept	able)		
SATELLITE BEACH FL 32937					Oli doli Tida	Cook (.e. Box (all box) o / o / to c / to c o p /			- <u></u>
				83					
				84	City			85 Zip	Code
4d Durouppl t	to the provisions of Sections 607.0502	and CO7 1EOO Elevido Prote	utas the e	<u> </u>	named see	aration as denote this statement for the	FL		ita eletered
office or re	egistered agent, or both, in the State of	of Florida. Such change was	authorize	d by	the corporati	oration submits this statement for the on's board of directors. I hereby acc	ept the ap	or changing i ipointment as	is registered registered
	m tamillar with, and accept the obligat	ions of, Section 607.0505, F	lorida Sta	lules	3 .				
SIGNATURE	Signature, typod or printed name of registered agent	and title if applicable (NC	DTE: Registere	d Age	nt signature require	od when re-installing)	DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFF	ICERS AN	D DIRECTOR	RS IN 12
TITLE			1.111	1.1 TITLE				☐ Change	Addition Addition
NAME	KAHL, GEORGE G			1.2 NAME					
STREET ADDRESS	1125 HWY A1A APT 609				ADORESS				
CITY-ST-ZIP TITLE				ITY-S'	T - ZIP			[] Change	Addition
NAME	KAHL, CYNTHIA S	DELETE 2.1 TITLE					Onlings		
STREET ADDRESS	1125 HWY A1A APT 609			-	ADDRESS				
CITY-ST-ZIP	SATELLITE BEACH FL 32937		2. 4 CHY-ST-ZIP		ĺ				
TITLE		☐ DELETE	3.1 TI	3.1 TITLE				Change	Addition
NAME]			3.2 NAME						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP				XY-S	T - ZIP			Channa	Addition
TITLE NAME		□ occeic	4 i Tl 4.2 N		1			Change	Addition
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP				ITY-S	Į.				
TITLE	DELETE			5.1 TITLE				☐ Change	Addition
NAME			5.2 N/	5.2 NAME					
STREET ADDRESS			5.3 S ⁷	TREET	ADDRESS				
CITY-ST-ZIP				TY - \$1	r- ZIP			·	
TITLE		L] DELETE	6.1 31					L Change	
NAME			6.2 N/						
STREET ADDRESS					ADDRESS				
14. I hereby c	ertify that the information supplied with	n this filing does not qualify	for the ext	ity-st empt	ion stated in t	Section 119.07(3)(i), Florida Statutes.	I further c	ertify that the	information
indicated officer or of Block 12 c	entify that the information supplied with on this annual report or supplemental director of the corporation or the regin or Block 13 if changed, or on an analysis	annual report is true and ac ver or trustee empowered to innent with an address.	curate and execute t	d tha this r	at my signatur eport as requ	e shall have the same legal effect as ired by Chapter 607, Florida Statutes	if made u and that	nder oath; the my name ap	at I am an pears in