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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**DIVISION OF CORPORATIONS** 

## Mar 09, 1999 8:00 am Secretary of State **Katherine Harris** Secretary of State 03-09-1999 90129 035 \*\*\*150.00

1. Corporation	MENT # <b>S9492</b> 9 IN ENTERPRISES, INC.	)				
Principal Place	e of Business	Mailing Address			יו אושנים וופום וופוס וופון פאפון פוופי פנפון פוופי פוופין פוויפין פוו	HON BION IDDI
1409 1ST AVE. EAST BRADENTON FL 34208 US		1409 1ST AVE. EAST BRADENTON FL 34208 US			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed	
					11/11/1991	ŀ
2. Principal Pl	lace of Business	2a. Mailing Address				plied For
21		26			00 0201001	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	l I
22		27				·
City & State	e	City & State			6. Election Campaign Financing S5.00 Trust Fund Contribution Added	
<b>23</b> Zip	Country	<b>28</b> Zip	Country		8. This corporation owes the current year Intangible	01663
24	25	29 30	n .		Personal Property Tax.	□No
241	9. Name and Address of Curre		1		10. Name and Address of New Registered Agent	
			81	Name		
	NSON, LINDA		82	Street Add	ddress (P.O. Box Number is Not Acceptable)	
1409 1ST AVENUE EAST			1			
BRAI	DENTON FL 34208		83			}
			84	City	- 85 Zip	Code
				•	FL   S   E	
office or re	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was autho	orized by 1	the corporat	corporation submits this statement for the purpose of changing its ration's board of directors. I hereby accept the appointment as re	gistered
SIGNATORE	Signature, typed or printed name of registered age		<del></del> _	signature requi	quired when reinstating) DATE	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	Addition
TITLE	P	□ vereie	1.1 TITLE		Ottorigo	
NAME	SVENSON, LINDA J		1.2 NAME	*DDDC00		
STREET ADDRESS	1409 1ST AVE. E		1.3 STREET 1.4 CITY-ST	Í		ĺ
CITY-ST-ZIP	BRADENTON FL 34208	DELETE 2.1		- 219	Change	Addition
NAME	Vr		22 NAME		_ ,	_
STREET ADDRESS	SVENSON, BJORN E 1409 1ST AVE. E		23 STREET	ADDRESS		1
CITY-\$1-ZIP			2. 4 CITY-ST			
TITLE			3.1 TITLE		☐ Change	Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET	ADDRESS		-
CITY-ST-ZIP			3.4. CITY-S	T-ZIP		
TITLE	☐ DELETE 4.º		4.1 TITLE		Change	☐ Addition
NAME			4.2 NAME			]
STREET ADDRESS			4.3 STREET	ADDRESS		}
CITY-ST-ZIP			4.4 CITY-ST	-ZIP	C Change	Addition
TITLE		☐ DELETE	5.1 TITLE		☐ Change	Addition
NAME			52 NAME	ADDDESS	•	ļ
STREET ADDRESS			5.3 STREET			. 1
CITY-ST-ZIP TITLE	· · · · · · · · · · · · · · · · · · ·	□ DELETE	5.4 CITY-ST 6.1 TITLE	· ∠II*	Change	Addition
NAME		_ DEELIC	6.2 NAME			
STREET ANDRESS	,		6.3 STREET	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 of supplemental annual report is the 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 trastee 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

Juenson ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR