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PROFIT CORPORATION **ANNUAL REPORT**

1998



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V01324

(5)

BISBEE ENTERPRISES, INC.

14. Thereby certify that the information indicated on this annual report or sufficer or director of the corporate Block 12 or Block 13 if chapped in

FILED Feb 09 1998 8:00am Secretary of State

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|--|---------------------------------|----------|---------------------|-------------|---|-----------------|--------------------|--|---|-----------------|
| Principal Place of Business Mailing Address | | | | | | | | | (1201) Eligit estat inest tring tials also sign entry dian dian entri a | ••• |
| 10906 118TH ST., NORTH SEMINOLE FL 34648 | | | | | 10906 118TH ST., NORTH SEMINOLE FL 34648 | | | | DO NOT WRITE IN THIS SPACE | |
| | | | | | | | | | 3. Date Incorporated or Qualified | ~ . |
| <u></u> | | | | | - e- | | | | 12/19/1991 | |
| | 2. Principal Place of Business | | | | 2a. Mailing Address | | | | 4, FEI Number Applied F | |
| 21 | | | | | [26] | | | | 59-3104072 Not Appli | |
| 22 | Suite, Apt #, etc. | | | | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired Fee Required | |
| 23 | City & State | | | 28 | City & State | | | | 6. Election Campaign Financing \$5.00 May B Trust Fund Contribution Added to Feet | |
| | Zip Country | | | | 7ip Country | | | 8. This corporation owes or has paid the current year Intangible | Ð | |
| 24 | | | | | 29 30 | | | | Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent | |
| ⊢ | | | e and Address of Cu | rrent Hegit | ilered Agent | | 81 | Name | 10. Name and Address of New Registered Agent | |
| | | BEE, ART | | | | | [" | Name | | |
| | 10906-118TH STREET NORTH | | | | | | 82 | Street / | Address (P.O. Box Number is Not Acceptable) | |
| SEMINOLE FL 34845 | | | | | | 83 | | | | |
| | | | | | | 84 | City | ■■ 85 Zip Code | ' | |
| | | | | | | | <u>.</u> | | | |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing It office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as | | | | | | | | | tered | |
| agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. | | | | | | | | | solution board of an obtain this copy absorpt the appointment as region | |
| SIGNATURE Signature typed or printed name of registered agent and title diapplicable (NOTE Registered Agent signature required when reinstating) | | | | | | | | | required when reinstating) DATE | |
| Signature typed or printed name of repotency agent and title if applicable 12. OFFICERS AND DIRECTORS | | | | | | NOTE: BEG | 13. | ent signature | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 | 2 |
| | LE I | PS | 01110110 | DELETE | | | 1.1 TITLE | | | ddition |
| l NA | ME | | , ARTHUR C. | | | | 1.2 NAME | | | |
| ST | STREET ADDRESS 10906 N 118TH ST | | | | | | 1.3 STREET ADDRESS | | | |
| 1 | CITY-ST-ZIP SEMINOLE FL. | | | | | | 1.4 CITY-ST-ZIP | | | |
| _ | LE | | | | DELETE | | 21 TITLE | | Change A | d dition |
| N/ | NAME | | | | 2.2 | | | | | |
| ST | STREET ADDRESS | | | | 2. | | | ADDRESS | | |
| CITY-ST-ZIP | | | | | | 2. 4 CiTY-3 | ST-ZIP | | | |
| TITLE | | | | DELETE : | | 3.1 THILE | | Change A | ddition | |
| N | ME . | | | | | | 3.2 NAME | 1 | * | |
| STREET ADDRESS | | | | | 3.3 STREET ADDRESS | | ADDRESS | | 7 | |
| CITY-ST-ZIP | | | | | | | 3 4. CITY-ST-ZIP | | | 7, |
| TITLE | | | | ☐ DELETE | | | | Change A | ddition | |
| N | ME | | | | | | 4 2 NAME | | | |
| STREET ADDRESS | | | | | | 1 | 4.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | | T BELFA | 4.4 CITY-ST-ZIP | | T-ZIP | i mi nacessa i mi n | ddition |
| | TLE . | | | | ☐ DELETE | J | 5 1 TITLE | | Change A | WIGHTON |
| | IME | | | | | ì | 5.2 NAME | ļ | | |
| | REET ADDRESS | | | | | | 5.3 STREET | | | |
| CI | TY-ST-ZIP | | | | DELETE | | 54 CITY-S | T-ZIP | Channe D | Addition |
| F | | | | | | | £ 4 TITLE | | | |

6.2 NAME 6.3 STREET ADDRESS

he exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information ate and that my signature shall have the same legal effect as if made under oath; that I am an occure this report as required by Chapter 607, Florida Statutes; and that my name appears in