FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 15 AM 11:49

DOCUMENT # V23850 (3)

1. Corporation Name
COMMUNITY ENTERPRISE, INC.

Principal Place of Business	Mailing Address
~~4111 NW 17TH AVE.~~ ERROR ~~MIAMI FL 33142~~	~~4111 NW 17TH AVE.~~ ~~MIAMI FL 33142~~ ERROR

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/25/1992
3a. Date of Last Report: 03/02/1994

2. Principal Place of Business
21: 4101 N.W. 17TH AVENUE
Suite, Apt. #, etc. 22:
City & State 23: MIAMI, FLORIDA
Zip 24: 33142 Country 25: DADE

2a. Mailing Address
26: 4101 N.W. 17TH AVENUE
Suite, Apt. #, etc. 27:
City & State 28: MIAMI, FLORIDA
Zip 29: 33142 Country 30: DADE

4. FEI Number: 65-0340860 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MCFARLANE, CHRISTOPHER
4111 N W 17TH AVE.
MIAMI FL 33142

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 its registered 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 registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when executing) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	RUSSELL, CALVIN	12 NAME	
STREET ADDRESS	1210 PERI ST.	13 STREET ADDRESS	
CITY ST ZIP	OPALOCKA FL	14 CITY ST ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	CROSBY, LESTER	22 NAME	
STREET ADDRESS	11021 SW 222 TERR.	23 STREET ADDRESS	
CITY ST ZIP	GOULDS FL	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	HARRIS, COMPTON	32 NAME	
STREET ADDRESS	1731 NW 135TH ST.	33 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	34 CITY ST ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	MORTIMER, JUNIOR	42 NAME	
STREET ADDRESS	5833 SW 62 AVE.	43 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	44 CITY ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, OBBIE	52 NAME	
STREET ADDRESS	17221 NW 41ST AVE.	53 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Junior Mortimer 6-10-95 635-0966
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) ~~1-1-95~~ (Date) (Daytime Phone #)

0152789 CP