

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1996**



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

**DOCUMENT # V23850 (3)**

1. Corporation Name

**COMMUNITY ENTERPRISE, INC.**



Principal Place of Business

Mailing Address

**4101 NW 17TH AVE  
MIAMI FL 33142  
US**

**4101 NW 17TH AVE  
MIAMI FL 33142  
US**

3. Date Incorporated or Qualified  
**03/25/1992**

3a. Date of Last Report  
**06/15/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

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

10. Name and Address of New Registered Agent

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

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 fee if applicable

(NOTE: Registered Agent Signature required when not signing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **D RUSSELL, CALVIN**  
STREET ADDRESS **1210 PERI ST.**  
CITY - ST - ZIP **OPALOCKA FL**

11 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME **D CROSBY, LESTER**  
STREET ADDRESS **11021 SW 222 TERR.**  
CITY - ST - ZIP **GOULDS FL**

21 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME **D HARRIS, COMPTON**  
STREET ADDRESS **1731 NW 135TH ST.**  
CITY - ST - ZIP **MIAMI FL**

31 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME **D MORTIMER, JUNIOR**  
STREET ADDRESS **5833 SW 62 AVE.**  
CITY - ST - ZIP **MIAMI FL**

41 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME **D JOHNSON, OBBIE**  
STREET ADDRESS **17221 NW 41ST AVE.**  
CITY - ST - ZIP **MIAMI FL**

51 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition

TITLE  
NAME  
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)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Compton D. Harris* **COMPTON HARRIS 6/28/96 688-0177**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)