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**FILED**  
**May 01, 1999 8:00 am**  
**Secretary of State**

05-01-1999 90098 007 \*\*\*158.75

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # V23850**

1. Corporation Name

**COMMUNITY ENTERPRISE, INC.**

Principal Place of Business

4101 NW 17TH AVE  
MIAMI FL 33142  
US

Mailing Address

4101 NW 17TH AVE  
MIAMI FL 33142  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/25/1992

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 owes the current year Intangible  
Personal Property Tax.



Yes

No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

JOHNSON, MARY  
4101 N.W. 17 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

*Mary Johnson* MARY JOHNSON

4-27-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

12. TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 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, with all other like empowered.

SIGNATURE:

*Compton O. Harris S.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-99

305-688-0177

TREASURER

Daytime Phone #

CR2E034 (11/98)