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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

STREET ADDRESS

ENTERPRISES INC.

(9)

FILED May 28 1998 8:00am Secretary of State



Principal Place of Business		Mailing Address	Mailing Address			r 10011 Erraca jirin tinan titte mitie Bill bibit Bifit Bibit fibit fifit Bibit fabt	
220 SOUTH FRANKLIN ST. TAMPA FL 33602		220 SOUTH FRANKLIN ST.					
		TAMPA FL 33602				DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified	
						04/29/1992	
2. Principal F	Place of Business	2a. Mailing Addre	ess.			4. FEI Number Applied For	
21		26	26			NOT APPLICABLE Not Applicable	
Suite, Apt.	#, etc	Suite, Apt. #,	etc.			\$8.75 Additional	
22		27				5. Certificate of Status Desired Fee Required	
City & Stat	le	City & State	City & State			6. Election Campaign Financing \$5.00 May Be	
23		28				Trust Fund Contribution	
Zip	Country	Zip	<u> </u>	Country		8. This corporation owes or has paid the current year Intangible	
24	25	29	30			Personal Property Tax due June 30. 🔲 Yes 💢 No	
	9. Name and Address of Cu	rrent Registered Agent			r	10. Name and Address of New Registered Agent	
	SS, JEREMY P.			81	Name		
220	O SOUTH FRANKLIN ST .			82	Street Add	dress (P.O. Box Number is Not Acceptable)	
TAI	MPA FL 33602					,	
				83			
				84	City	85 Zip Code	
	_				,		
office or i agent. I a SIGNATURE	rogistered agent, or both, in the S am familiar with, and accept the o	late of Florida, Such chang bligations of, Section 607.0	je was authoriz 505, Florida S	ed by alule:	y the corpora s.	rporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered	
SIGNATURE	Signature, typed or printed mone of registere	dingent and title if applicable	(NOTE Registe	red Age	nni signature requ	ured when reinstating) DATE	
12.	OFFICERS	AND DIRECTORS	13	l		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPST	☐ DEL	ETE 1.1	TITLE		Change Addition	
NAME	Freeman, Jeff e		1.2	NAME			
STREET ADDRESS	3901 RIGA BLVD		1.3	STREET	ADDRESS		
CITY-ST-ZIP	TAMPA FL		1.4	CITY - S	IT - ZIP		
TITLE		☐ DEL	ETE 2.1	THLE		Change Addition	
NAME			2.2	NAME			
STREET ADDRESS			2.3	STREET	ADDRESS		
CITY-ST-ZIP			2.4	GITY-S	ST-7IP		
TITLE		□ D£L		TITLE		Change Addition	
NAME			3.2	NAME			
STREET ADDRESS			3.3	STREET	ADDRESS		
City-\$1-ZIP				CITY-9			
TITLE	· · · · · · · · · · · · · · · · · · ·	☐ DEL		TITLE		Change Addition	
NAME			4. 7	NAME			
STREET ADDRESS			4.3	STREET	ADDRESS		
CITY-ST-ZIP	,			CITY-S			
TITLE		DEL		TITLE	****	☐ Change ☐ Addition	
NAME		_		NAME		La tradition	
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP				OTY-S	·		
TITLE		☐ DELI		TITLE	1-211	Change Addition	
NAME					İ	2000025403529E	
STREET ADDRESS			1	NAME DIRECT	Annoree	-05/29/9801015024 YE	
STREET AUTURENT			■ 6.3	~ WFF	BOTHER SC 1	The contract of the contract o	

CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statules. 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 trusted 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.

6 3 STREET ADDRESS

***158.75