	NOW: EU	INC EEE AE	TED MAV 1 I	C \$225 AA		
F CORI ANNU	PROFIT PORATION AL REPORT	ind FEE AF	Sandra Secreta	RTMENT OF STATE B. Mortham ary of State CORPORATIONS		
DOCUM	/ENT#	V38796	(1)			
1. Corporation R.G. D	Name EANE ENTER	PRISES INC.	()			
Principal Place of Business 7491 CONROY RD SUITE B ORLANDO FL 32835			Mailing Address 7491 GONRAGY RD SUITE B ORLANDO FL 32835	Conroy		
US	- 12111		US		3. Date Incorporated or Qualified 05/26/1992	3a. Date of Last Report 04/20/1995
2. Principal Pla	ce of Business	2	Ra. Mailing Address		4. FEI Number 59-3128070	Applied For Not Applicable
Suite, Apt. #	, etc.		Suite, Apt. #, etc		Certificate of Status Desired	\$8.75 Additional
Crty & State		2	City & State		6. Election Campaign Financing	\$5.00 May Be
23 Zip	Cox	intry 2	Zφ	Country	Trust Fund Contribution 8. This corporation has liability for	ntangble tax under s. 199.032,
24	9 Name and Ad	dress of Current Reg	<u> </u>	[30]	Florida Statutes Yes 10. Name and Address of New F	Registered Agent
SUITE I ORLAN 11. Pursuant to or registere	DO FL 32811 of the provisions of Sed agent, or both, in	the State of Florida St	607.1506, Florida Statule ich change was authorze 07.0505, Florida Statutes.	83 84 City s, the above named corp. d by the corporation's bo	oration submits this statement for the pu and of directors. Thereby accept the app	FL 85 Zip Code spose of changing its registered office continent as registered agent. Fam.
SIGNATURE	Signature, typico or prested r	ame of registere trager transition		FE. Rugi dured Agent signals, e requi	ost wer recistation	[IA] t
12. TIFLE	D	OFFICERS AND DIR	ECTORS	13.	ADDITIONS/CHANGES TO OFF	CERS AND DIRECTORS IN 12 Change Addition
NAME Street Address	DEANE, RAN 7491 CONRO ORLANDO FI	Y ROAD		1.2 NAME 1.3 STHEET ADDRESS		C cliarys C Addican
CHTY-ST-ZIP TITLE	ONDWIDO F	•	DELETE	1 4 C(TY - ST - Z(P) 2 1 T TLF		Change Addition
NAME STREET ADDRESS				2.2 NAME 2.3 STREET ADDRESS		
CITY - ST - ZIP				2 4 C(1Y - S1 - 7)P	/	
TITLE NAME			☐ DELETE	3 1 TiTLE 32 NAME		Change Addition
STREET ADDRESS				3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	······································		DELÈTE	3 4 City ST-ZIP 4 1 Title		Change Addition
NAME				4.2 NAME		
STREET ADDRESS				4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		· · · · · · · · · · · · · · · · · · ·	DELETE	4 4 CITY ST ZIF 5 1 TITLE		Change Addition
NAME				5 2 NAME		
STREET ADDRESS				5 3 STREET ADDRESS		
CITY-ST-ZIP TITLE			DELETE	54 CITY - ST - ZIP 6 1 TITLE		Change Addition
NAME				€ 2 NAME		په پې ښو د په او د او
STREET ADDRESS				6 3 STREET ADDRESS		

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 arrival report or supplemental annual report is true and accurate and that my signature shall have the same logal 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:

SIGNATURE:

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dolyting Priorice

Cash Control of the corporation 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:

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dolyting Priorice

Priorice Annual Priorice

Cash Control of the corporation 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.

5/21/96 407 292-1696

CR2E034 (12/95)