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



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

1996

DOCUM 1. Corporation			(1)				
•	EY ENTERPRISES, INC.		• •			j (68)) Bijdhê bijên bijan bijak jinin	NATU ONEKA DUGUK ANTAK DUGU DANUK TUBU 1000
Principal Place	of Business	Ma	ling Address				
	ASS DRIVE EAST A BEACH FL 32082	9954 SAWGRASS DRIVE EAST PONTE VEDRA BEACH FL 32082					
						3. Date Incorporated or Qualified 09/18/1992	3a. Date of Last Report
<del></del> -	ace of Business	2a.	28. Mailing Address			4. FEI Number	07/14/1995 Applied For
Suite, Apt. #	etc.	26	Suite, Apt. #, etc			59-3142270	Not Applicable  \$8.75 Additional
22		27				5. Certificate of Status Desired	Fee Required
City & State		1	City & State			6. Election Campaign Financing	\$5.00 May Be
<b>23</b> Zip	Country	28	Zip	Countr	/	Trust Fund Contribution  8. This corporation has liability for	Intangible tax under s. 199 032
24	25	29		30		Florida Statutes	Yes No
	9. Name and Address of Curre	ent Regist	ered Agent		Name	10. Name and Address of New Re	egistered Agent
	ITH, PARKER B. MO SAWGDASS WILLAGE CID	ΛIE.		L.			
13000 SAWGRASS VILLAGE CIRCLE SUITE 16				62	Street Add	ress (P.O. Box Number is Not Acceptat	ole)
	NTE VEDRA BEACH FL 32082	2				<u> </u>	····
				84	City		FL 85 Zip Code
agent Land SIGNATURE S	of service systems and accept the obligation of the systems of the obligation of the systems of	gations of.	Section 607.0505, Fig.	orida Statutes  It for the All  13.	i	on's board of directors. I hereby accepted when real faired  ADDITIONS/CHANGES TO OFFICE	DAIL CERS AND DIRECTORS IN 12
TITLE NAME	ALLEN, SHIRLEY		L DELETE	1 1 TITLE 12 NAME			Change Addition
STREET ADDRESS	9954 SAWGRASS DRIVE, I	E.			ADDRESS		•
CITY-ST-ZIP	PONTE VEDRA BCH FL			14 CITY -	ST- 7IP		·
TITLE			L DELFIE	2 1 TITLE			Change Addition
NAME STREET ADDRESS				2.2 NAME	1 ADDRESS		
CITY-ST ZIP				2.4 City -	i		
THLE			DELETE	3 1 THLF	51 21		Change Addition
NAME				3.2 NAME			
STREET ADDRESS					I ADDRESS		
CITY - ST - ZIF			DELFTE	3.4 CITY -	21-78		Change Addition
NAME				4 2 NAME			
STREET ADDRESS				4.3 STREE	I ADDRESS		
CITY ST-ZIF				4.4 CITY -	\$1 - 2119		
TITLE			DELETE	5.1 TIE(€			Change Addition
NAME STREET ADDRESS				5.2 NAME 5.3 STREE	T ADDRESS		
CITY - ST - ZIP				5.3 SIREF			
TIFLE			DELETE	6 1 TITLE			Change Addition
NAME				6 2 NAME			
STREET ADDRESS					1 ADDRESS		
CITY-ST-ZIP	v certify that the information supplier	ed with the	s filing is voluntarily fo	64 City	·	lify for the exemption stated in Section	119 07(3)(k) Florida Statutes 1
further cert made unde	tify that the information indicated c	m this anii: ctor of the	ual report or supplem corporation or the rec	ental annual eiver or trust	report is true se empowere	and accurate and that my signature sh, dito execute this report as required by	all have the same legal effect as it
SIGNATU	JRE: SIGNATURE AND TYPED	Uli OR PRINTED	NAME OF SIGNING OFFICE	M OR DIRECTOR	H .		(mytone frame e