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



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PROFIT CORPORATION			FLORIDA DEPARTMENT OF STATE					Apr 22 1997 8:00am			
	CORPORATION Sandra B. I ANNUAL REPORT Secretary							Secretary of State			
7 (1 4) 40	1997 DIVISION OF COR					INS		Secre	tary	701.51	tate
			/m>	····							
DOCU 1. Corporation	MENT # V671	45	(5)								
•	NTERPRISES, INC.						1.				
*********	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							E AR OUT O HOUR ONLY GROOM HOUSE BIOLO	# # FOR # 2 # 10 # 15	DII BARAH BARAH BARAH B	1811 1881
Principal Place of Business Mailing Address								ş têğil öztata ölili rosbi dibbi olda	ı Matı Olbit Mil	ālo galīdi ālārd ašāli āl	(B1/ 188)
1808 W INT L SPDWY BLVD #303			1908 W INT L SPDWY BLVD #303								
DAYTONA BEACH FL 32114			DAYTONA BEACH FL 32114 US					6 Data Incorporated as O self	7.6-	Date of Leat De	
US		US						Date Incorporated or Qualif 09/24/1992	1	Date of Last Re 5/01/1996	port
2. Principal Place of Business			2a. Mailing Address				_	4. FEI Number			olied For
n			26			····		59-3141889			Applicable
Suite, Apt.	#, etc	27	Suite, Apt. #, etc.					5. Certificate of Status Desired		\$8.75 A Fee Red	
City & Stat	te		City & State					6. Election Campaign Financir	0	\$5.00	 (
23		28			, <u>.</u>			Trust Fund Contribution	<u> </u>	Added to	
Zip	Country	}	?ip	_	untry		ł	8. This corporation has liability	~	ible tax under s.	199.032,
24	25 9. Name and Address of	29 Current Registe		30	Γ-			Florida Statutes 10. Name and Address of New			
FRA	NKOVICH, BARBARA L				81	Name5	Am	اع			
2455 INTERNATIONAL SPEEDWAY BLVD					82	Street Ad	ndress	: /P.O. Box Number is Not Acce	ptable)_	(// the	a. 5:3
	TE 807 TONA BEACH FL 32114				83	1308	8 0	SHILL SPACE	N D	wa 3	83
UAI	TOWN DEACH FL 32114					0.5					
					84	CHOA.	4	own Beh	F	L 85 Zip C	
11. Pursuant office or	to the provisions of Sections 6 registered agent, or both, in th	07 0502 and 60 e State of Florida	7.1508, Florida Statute 1. Such change was a	s, the a	bove	-named co	orpore	ation submits this statement for 's board of directors. I hereby a	he purpos	e of changing its	registered egistered
agent. La	am familiar with, and accept th	e obligations of,	Section 607.0505, Flo	rida Sta	tutes	,					
SIGNATURE	Signature Typed or printed name of regin	stered agent and title if	applicable (NOTE	Register	o Aper	nt signature re	equired v	when reinstating)	DAT	<u> </u>	
12.	· · · · · · · · · · · · · · · · · · ·	OFFICERS AND DIRECTORS		13.				ADDITIONS/CHANGES TO C	FFICERS /		
THLE	P [] DELETE FRANKOVICH, BARBARA L		ı	1.1 TITLE 1.2 NAME					Change	Addition 3	
NAME STREET ADDRESS	2455 INTERNATIONAL S		/D 807			ADDRESS					į
CITY - S1 - ZIP	DAYTONA BEACH FL	,			HTY-ST						
TITLE	VP		DELETE	2.1 T	ITLE					☐ Change	Addition
NAME	FRANKOVICH, RONALD 2455 INTERNATIONAL S		ID 007		IAME						
STREET ADDRESS CITY-ST-ZIP	DAYTONA BEACH FL	PECUNAN DU	10 001		STALET I City-s	ADDRESS					
THE			DELETE	3.1 7		1-24		······································	***************************************	Change	Addition
NAME				3.2)	AME						
STREET ADDRESS						ADDRESS					
CHY-ST-ZIP TILLE		T-11	☐ DELETE	3.4. 4.1 T	CITY - S	T-ZIP		······································	······	☐ Change	Addition
NAME				8	NAME	- }				vg.	
STREET ADDRESS				4.3 \$	TREET.	ADDRESS					
CITY-SI-ZIP			Delette		CITY-SI	T-ZIP				7 7 00	1 1422
NAME	N.		DELETE	5.11	itle Iame					Change	Addition
STREET ADDRESS				ı		ADDRESS					
CITY - ST - ZIP				ı	HY-SI						
Title		, H	☐ DELETE	6.11						Change	Addition
NAME:				-	IAME	4000555					-
STREET ADDRESS CITY+ST-ZIP					STREET : STY+81	ADDRESS					
	by certify that the information :	supplied with this	filing does not qualif				nted in	Section 119.07(3)(i), Florida St	stutes, i fur	ther certify that t	he

The method certify that the information supplied with this fining deep tot quality for the execute this report or supplied with this fining deep to the execute and formation 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 path; that I am an officer or director of the corporation or the receiver or trustee empoyered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 in chapted, or on an attachment with an appears.

SIGNATURE:

HAMEOURED ATURE AND TYPEO OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

FILED