PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 29, 1999 8:00 am Secretary of State 04-29-1999 90093 022 ***150.00

RABITO	MENT # P98000 ENTERPRISES, INC.	036443	`				
Principal P ac	a of Business	Mailing Address			I ra ihit a a lisi atah 1	KA lima Kuse oldan	
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MARATHON FL		MARATHON FL 33050	Cochi				
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1				3. Date Incorporated or Qualifed			l
0.0000000000000000000000000000000000000	Place of Business	2a. Mailing Address		04/13/1998 4. FEI Number		lied For	
2. Principal P	race of Susiness	28. Walling Address		65-0835331		Applicable	1
Suite, Act.	#. etc.	Suite, Apl. #, etc.			\$8.75 A		1
22		27		5. Certifc ate of Status Desired	Fee Re		
_City & Stat	e	City & State		6. Election Campaign Financing	\$5.00	May Be	
23		28		Trust F und Contribution	Added to	Fees	
Zip	Courtry	Zip	Country	8. This curporation owes the current year		mu.	
24	25	29	30	Persor al Property Tax. 10. Name and Address of New Registers		I]No	1
	9. Name and Address of Curren	Registered Agent	81 Name	10. Name and Address of New Registere	d Agent		1
DOM	VDELL, THOMAS J III			LLIAM RASITO, JR.			ł
1130	00 OVERSEAS HIGWAY			dress (P.O. Box Number is Not Acceptable)	Deen		
MAR	IATHON FL 33050		83	40 Mest		:_ 	1
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}			84 City M	9RATAO∼ F		\$050	
11, Pursuant office or re	to the provision of Sections 607.050: egistered agent, or both, in the State of m familiar with, and accept the obligation	and 607.1508, Florida Statu of Florida, Such change was ons of Section 607.0505, Ft	tes, the above-named countries by the corporatorida Statutes.	rporation submits this statement for the purpose tion's board of directors. I hereby accept the app	of changing its o	egistered stered	
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SIGNATURE	Alelian I. Roll	in to NICLIAN		4/	2/59		
SIGNATUFE	Signature, typed or printed ha me of registered agen	t and title i applicable. (NOI	1 LABOTO TR E Registered Agent signature req.		2959		<u>8</u>
12.	OFFICERS AN	t and time y applicable. (NOI 1) DIRECTORS	I LABOTO FR E Registered Agent signature req. 13.	red when rehalating) ADDITK INS/CHANGES TO OFFICERS.			11/98)
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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 is supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under each; that I am an officer or director of the oppropriation or the receiver or trustee empowered to "sective this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 to change of or on an attact ment with an address, with all other like empowered.

SIGNATURE