

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # F95000000293 (9)

1. Corporation Name  
**ENCEE, INC.**



Principal Place of Business: 326 E. STADIUM DR. EDEN NC 27288  
Mailing Address: 326 E. STADIUM DR. EDEN NC 27288

3. Date Incorporated or Qualified: 01/19/1995  
3a. Date of Last Report

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields for business and agent details.

4. FEI Number: 56-1675214  
5. Certificate of Status Desired: \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes: Yes/No

9. Name and Address of Current Registered Agent  
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS ST., #105  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent (81-84) fields for name, address, and city/zip.

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE (Signature typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DALE, R B	
STREET ADDRESS	1271 AVE OF THE AMERICAS	
CITY-ST-ZIP	NEW YORK NY 10020	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	STAAB, T R	
STREET ADDRESS	326 E. STADIUM DR.	
CITY-ST-ZIP	EDEN NC 27288	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	DOSS, M K	
STREET ADDRESS	326 E. STADIUM DR.	
CITY-ST-ZIP	EDEN NC 27288	
TITLE	C	<input type="checkbox"/> DELETE
NAME	PAULSEN, C D	
STREET ADDRESS	326 E. STADIUM DR.	
CITY-ST-ZIP	EDEN NC 27288	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Dellinger, R. E.
1.3 STREET ADDRESS	One Lake Circle Drive
1.4 CITY-ST-ZIP	Kannapolis, NC 28081
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 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 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: *C. O. Paulsen* 4-17-96 (910) 627-3150  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: C. O. Paulsen, Controller

CR2E034 (12/95)