

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 # J10859 (3)

1. Corporation Name
ROBERT ENNIS INVESTMENTS, INC.



Principal Place of Business: **C/O LIPSON, BLATTMAN & LUNDY
150 N.W. 168TH ST.
N MIAMI BCH. FL 33169-6034**

Mailing Address: **C/O LUNDY & SHACTER
150 NW 168 S.E., #300
N. MIAMI BCH. FL 33169-6034
US**

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Country
24. Zip	29. Country
25. Country	30. Country

3. Date Incorporated or Qualified: **04/23/1986**

3a. Date of Last Report: **03/17/1995**

4. FEI Number: **59-7669111** 59-2669141

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

**ENNIS, ROBERT
18815 N.E. 21ST AVE
N MIAMI BCH. FL 33179**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

85. Zip Code: **FL**

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 607.0506, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and the corporation

NOTE: Registered Agent signature required when filing

Date

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.	13.	11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PS ENNIS, ROBERT 18815 NE 21ST AVE N MIAMI BCH FL	<input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		12. NAME	
NAME		13. STREET ADDRESS	
STREET ADDRESS		14. CITY, ST, ZIP	
CITY, ST, ZIP		2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	22. NAME	
NAME		23. STREET ADDRESS	
STREET ADDRESS		24. CITY, ST, ZIP	
CITY, ST, ZIP		3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	32. NAME	
NAME		33. STREET ADDRESS	
STREET ADDRESS		34. CITY, ST, ZIP	
CITY, ST, ZIP		4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	42. NAME	
NAME		43. STREET ADDRESS	
STREET ADDRESS		44. CITY, ST, ZIP	
CITY, ST, ZIP		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	52. NAME	
NAME		53. STREET ADDRESS	
STREET ADDRESS		54. CITY, ST, ZIP	
CITY, ST, ZIP		6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	62. NAME	
NAME		63. STREET ADDRESS	
STREET ADDRESS		64. CITY, ST, ZIP	
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)(c), 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 its 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 in an attachment with an address.

SIGNATURE: *

Robert Ennis
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/96

305 9336000
 Daytime Phone #

CR2E034 (12/95)