

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

**FILED**

**Apr 23 1998 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1998**



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

**DOCUMENT #** P97000053599  
1. Corporation Name  
**ENNIS, COOPER & PAIGE, P.A.**

Principal Place of Business Mailing Address

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1 2500 WESTON RD. Suite, Apt. #, etc.		2a. Mailing Address 26 2500 WESTON RD. Suite, Apt. #, etc.		3. Date Incorporated or Qualified 6/17/97		4. FEI Number 65-0768514		Applied For Not Applicable	
22 City & State 23 FT. LAUDERDALE, FL Zip 33326 Country USA		27 City & State 28 FT. LAUDERDALE, FL Zip 33326 Country USA		5. Certificate of Status Desired <input type="checkbox"/>		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY 1201 HAYS ST TALLAHASSEE, FL 32301-2525</b>				10. Name and Address of New Registered Agent			
81 Name				85 Zip Code			
82 Street Address (P.O. Box Number is Not Acceptable)				FL			
83							
84 City							

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		12 NAME	PTD DAVID ENNIS
CITY-ST-ZIP		14 CITY-ST-ZIP	2500 WESTON RD. FT. LAUDERDALE, FL 33326
TITLE	<input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22 NAME	VID JAY COOPER
STREET ADDRESS		23 STREET ADDRESS	2500 WESTON RD. FT. LAUDERDALE, FL 33326
CITY-ST-ZIP		24 CITY-ST-ZIP	FT. LAUDERDALE, FL 33326
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	SITID GARY PAIGE
STREET ADDRESS		33 STREET ADDRESS	2500 AIRPORT RD. S., STE. 209 NAPLES, FL 34112
CITY-ST-ZIP		34 CITY-ST-ZIP	NAPLES, FL 34112
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	2000024991
STREET ADDRESS		63 STREET ADDRESS	-04/24/98--01022--022
CITY-ST-ZIP		64 CITY-ST-ZIP	***150.00

14. I hereby certify that the information submitted in this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information disclosed in this annual report is accurate and complete and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation and the receiver of the trust is 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 Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 8/10/98 Daytime Phone 954-389-4941

CR2E034 (10/97)