

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 625377 (7)
1. Corporation Name
ENNIS C.P.A. ASSOCIATES, P.A.



Principal Place of Business: **109 NORTH BRUSH ST. SUITE 300
PO BOX 2721
TAMPA FL 33601**
Mailing Address: **109 NORTH BRUSH ST. SUITE 300
PO BOX 2721
TAMPA FL 33601**

3. Date Incorporated or Qualified: **05/29/1979**
3a. Date of Last Report: **05/01/1995**

21. Principal Place of Business Suite, Apt. #, etc.	2a. Mailing Address Suite, Apt. #, etc.	4. FEI Number 59-1913651	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

g. Name and Address of Current Registered Agent ENNIS, HENRY G., JR. 109 N. BRUSH ST. SUITE 300 TAMPA FL 33602		10. Name and Address of New Registered Agent	
		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		84. City	FL 85. Zip Code

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: ENNIS, HENRY G., JR.		1.2 NAME	
STREET ADDRESS: 3301 BAYSHORE BLVD #1903		1.3 STREET ADDRESS	
CITY-ST-ZIP: TAMPA FL		1.4 CITY-ST-ZIP	
TITLE: VP	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: MERCIER, LETETIA M		2.2 NAME	
STREET ADDRESS: 935 BAYSHORE DR		2.3 STREET ADDRESS	
CITY-ST-ZIP: ENGLEWOOD FL		2.4 CITY-ST-ZIP	
TITLE: T	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: HARDY, GEORGE E W, IV		3.2 NAME	
STREET ADDRESS: 4807 BAYSHORE BLVD. #D-1		3.3 STREET ADDRESS	
CITY-ST-ZIP: TAMPA FL		3.4 CITY-ST-ZIP	
TITLE: S	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: POPE, HENRY H, II		4.2 NAME	
STREET ADDRESS: 624 GARDENIA RD		4.3 STREET ADDRESS	
CITY-ST-ZIP: VENICE FL		4.4 CITY-ST-ZIP	
TITLE:	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		5.2 NAME	
STREET ADDRESS:		5.3 STREET ADDRESS	
CITY-ST-ZIP:		5.4 CITY-ST-ZIP	
TITLE:	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		6.2 NAME	
STREET ADDRESS:		6.3 STREET ADDRESS	
CITY-ST-ZIP:		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: *Henry G. Ennis, Jr.* **3/12/96** **813-223-9260**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)