

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$50.00**

**FILED**  
**Apr 10 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Moriam</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 625377 (7)**

1. Corporation Name  
**ENNIS C.P.A. ASSOCIATES, P.A.**



Principal Place of Business <b>109 NORTH BRUSH ST. SUITE 300                  PO BOX 2721                  TAMPA FL 33601</b>	Mailing Address <b>109 NORTH BRUSH ST. SUITE 300                  PO BOX 2721                  TAMPA FL 33601</b>
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DO NOT WRITE IN THIS SPACE

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 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified <b>05/29/1979</b>	Applied For Not Applicable
4. FEI Number <b>59-1913651</b>	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. 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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>ENNIS, HENRY G., JR.</b>	
STREET ADDRESS	<b>3301 BAYSHORE BLVD #1903</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>MERCIER, LETETIA M</b>	
STREET ADDRESS	<b>935 BAYSHORE DR</b>	
CITY-ST-ZIP	<b>ENGLEWOOD FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>HARDY, GEORGE E W, IV</b>	
STREET ADDRESS	<b>4807 BAYSHORE BLVD. #D-1</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>POPE, HENRY H, II</b>	
STREET ADDRESS	<b>624 GARDENIA RD</b>	
CITY-ST-ZIP	<b>VENICE FL</b>	
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	
1.3 STREET ADDRESS	<b>2405 ARDSON PLACE UNIT 404A</b>
1.4 CITY-ST-ZIP	<b>TAMPA, FL 33629</b>
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 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 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 \_\_\_\_\_ DATE \_\_\_\_\_

CR2E034 (10/97)