SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **659633** **(2)**

1. Corporation Name
P.J. ENSIO & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
21000 BOCA RIO RD A-5 BOCA RATON FL 33433 US	21000 BOCA RIO RD A-5 BOCA RATON FL 33433 US

3. Date Incorporated or Qualified: **03/18/1980**
3a. Date of Last Report: **02/01/1995**

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

4. FEI Number: **13-2790910** ☐ Applied For ☐ Not Applicable

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

ENSIO, PETER J
21000 BOCA RIO ROAD
SUITE A-5
BOCA RATON FL 33433

10. Name and Address of New Registered Agent

81 Name: ENSIO, PETER. J.
82 Street Address (P.O. Box Number is Not Acceptable): 19706 BAY COVE DR.
83
84 City: BOCA RATON **FL** 85 Zip Code: 33434

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	SD	☒ DELETE	11 TITLE	PD	☐ Change ☒ Addition
NAME	SACON, SMITH		12 NAME	PETER J. ENSIO	
STREET ADDRESS	19706 BAY COVE DR		13 STREET ADDRESS	19706 BAY COVE DR	
CITY-ST-ZIP	BOCA RATON FL		14 CITY-ST-ZIP	BOCA RATON, FL. 33434	
TITLE	VD	☒ DELETE	21 TITLE	VD.	☒ Change ☐ Addition
NAME	ENSIO, MARK		22 NAME	ENSIO, MARK.	
STREET ADDRESS	21000 BOCA RIO ROAD, A-5		23 STREET ADDRESS	19706 BAY COVE DR.	
CITY-ST-ZIP	BOCA RATON FL		24 CITY-ST-ZIP	BOCA RATON, FL 33434	
TITLE	SD	☒ DELETE	31 TITLE	SD	☒ Change ☐ Addition
NAME	SAGON, MIRTA		32 NAME	SACON, MIRTA	
STREET ADDRESS	21000 BOCA RIO ROAD, A-5		33 STREET ADDRESS	19706 BAY COVE DR	
CITY-ST-ZIP	BOCA RATON FL		34 CITY-ST-ZIP	BOCA RATON, FL. 33433	
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Peter J Ensio
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #