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NONPROFIT CORPORATION **ANNUAL REPORT** 

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

	MENT # 704936	6 (4)						
1. Corporation	ENIA TERRACE, INC.	( - /						
GANDI	ENIA TERNACE, INC.				 	0201 BIBIL B	   <b>   </b>	l Right Blata (884
Dringie -1 Dt	and During	<b>D</b> 1.00						
Principal Place	a of Business	Mailing Address			( *************************************		(BIC BIBI) \$1\$1	( UIBI) EIEN (UDI
2330 NE 36 LIGHTHOUSE	STREET E PT FL 33064	2330 NE 36 STREET LIGHTHOUSE PT FL	33064					
					3. Date Incorporated or Qualified 12/14/1962	3a. D	ate of Last 03/24/1	
	lace of Business	2a. Mailing Address			4. FEI Number	<u></u>	<del></del>	Applied For
Suite, Apt.	# ato	Cuito Apt # etc			65-0261247			Not Applicable
22	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional Required
City & State	e	City & State	<del></del>		Election Campaign Financing			0 May Be
23		28			Trust Fund Contribution	[]		d to Fees
Zip	Country	Ζφ	Country		8. This corporation has liability for int			199.032,
24	9. Name and Address of Current	Registered Agent	30		Florida Statutes  10. Name and Address of New Re	Yes		
	S. India and Marions of Adilalit	Hogistered Agent	81 Nam	ne	TO. Marine and Address of New He	Bisteled	Agent	
7∆PP∩I	NE, JOSEPH M.							
	E. 36TH ST. #7		82 Stree	et Addres	s (P.O. Box Number is Not Acceptable	)		
	OUSE PT FL 33064		83					
			84 City				- [a=1 =:	0-4-
			"			FL	_     '	o Code
or realster	to the provisions of Sections 617.0502 a red agent, or both, in the State of Florida	i. Such channe was aufbori	ized by the corporation	corporati	ion submits this statement for the purpoint of directors. Thereby accept the appoint	ose of ch	anging its r	egistered office
familiar wi	th, and accept the obligations of, Section	n 617.0503, Florida Statute	es.		от от остого. Тутогору дорору и то арроп	milen a	, registered	agent. Lam
SIGNATURE _	Signature, typed or printed name of registered agent an							
		nd title if spoliogble (A)	IOTE - Boolstoned Asset singet a					
12,	OFFICERS AND		IOTE: Registered Agent signatur	re required w		DATE FRS ANI	) DIRECTO	DRS IN 12
			IOTE: Registered Agent signatur  13. 1.1 TITLE	re required w	non reinstatingt ADDITIONS/CHANGES TO OFFICE	ERS AND	DIRECTO	PRS IN 12
12,	OFFICERS AND	DIRECTORS	13.	re required w		ERS AND		
12, TITLE	OFFICERS AND PD ZAPPONE, JOSEPH M. 2330 N.E. 36TH STREET, #7	DIRECTORS	13. 1.1 TITLE			ERS AND		
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND PD ZAPPONE, JOSEPH M. 2330 N.E. 36TH STREET, #7 LIGHTHOUSE PT, FL 00000	DIRECTORS  DELETE	13. 1.1 TITLE 1.2 NAME	s	ADDITIONS/CHANGES TO OFFIC	ERS AND		
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oath; that I am an officer or director of the corporation or the receiver or trustee emplappears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_ QLOGIA M. OLSON
SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR