FILE NOW: FILING FEE AFTER MAY 1 IS 1997

CORPORATION ANNUAL REPORT 1997

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

FILED
Jun 02 1997 8:00am
Secretary of State

DOCUMENT # 738057 (9)

1. Corporation Name
ENNI, INC.

Principal Place of Business	Mailing Address
626 N FEDERAL HWY 4 LAKE WORTH FL 33460 US	4406 FOREST HILL BLVD WEST PALM BCH FL 33406 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/09/1977
3a. Date of Last Report: 05/01/1996
4. FEI Number: 59-1804213 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

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

9. Name and Address of Current Registered Agent

MATTSSON, TOM
626 N FED. HWY APT. 4
LAKE WORTH FL 33460

10. Name and Address of New Registered Agent

81 Name: Hyman J. Zacharia
82 Street Address (P.O. Box Number is Not Acceptable): 4406 Forest Hill Blvd.
83
84 City: West Palm Beach FL 85 Zip Code: 33406

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: Hyman J. Zacharia 4/25/97
Signature, type 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	PTD	1.1 TITLE	P, D ☒ Change ☐ Addition
NAME	MATTSSON, TOM	1.2 NAME	Mattsson, Tom
STREET ADDRESS	626 N. FEDERAL HIGHWAY, #4	1.3 STREET ADDRESS	4406 Forest Hill Blvd
CITY-ST-ZIP	LAKE WORTH FL	1.4 CITY-ST-ZIP	West Palm Beach, Fl
TITLE	SD	2.1 TITLE	S, T ☒ Change ☐ Addition
NAME	ZACHARIA, HYMAN J	2.2 NAME	Zacharia, Hyman J
STREET ADDRESS	4406 FOREST HILL BLVD.	2.3 STREET ADDRESS	4406 Forest Hill Blvd
CITY-ST-ZIP	WEST PALM BCH FL	2.4 CITY-ST-ZIP	West Palm Beach, Fl
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	KOIVISTO, MAURI	3.2 NAME	Same
STREET ADDRESS	626 N. FEDERAL HWY 2	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	000002207230
STREET ADDRESS		5.3 STREET ADDRESS	-06/10/97--01035--022
CITY-ST-ZIP		5.4 CITY-ST-ZIP	***165.00
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	PS
STREET ADDRESS		6.3 STREET ADDRESS	6/2/97
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Hyman J. Zacharia Hyman J. Zacharia 4/25/97 561-966-6598
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #