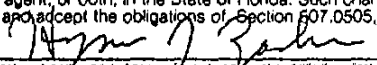
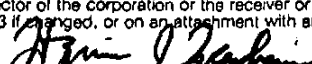


FILE NOW: FILING FEE AFTER MAY 1 IS 1997

FILED
Jun 02 1997 8:00am
Secretary of State

CORPORATION ANNUAL REPORT		 FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 738057 (9)			
1. Corporation Name ENNI, INC.			
Principal Place of Business 626 N FEDERAL HWY 4 LAKE WORTH FL 33460 US		Mailing Address 4406 FOREST HILL BLVD WEST PALM BCH FL 33406 US	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country	
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 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 		DATE 4/25/97	
(NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	P.D. ☒ Change ☐ Addit.
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 ☐ Addit.
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 ☐ Addit.
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 ☐ Addit.
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addit.
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addit.
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 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 4/25/97 561-966-6598