

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F94000000691 (5)

1. Corporation Name

AMERICAN SOCIAL SERVICES INCORPORATED

Principal Place of Business

2845 RUNYON CIR
ORLANDO FL 32837

Mailing Address

P.O. BOX 32625
KISSIMMEE FL 34742-1625



77-024-8001

3. Date Incorporated or Qualified
02/14/1994

3a. Date of Last Report
09/29/1995

2. Principal Place of Business

2a. Mailing Address

21 26 2845 Runyon Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 28 Orlando, FL

23 Zip Country

29 30 32837 Orange

4. FEI Number
APPLIED FOR

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

10. Name and Address of New Registered Agent

ENECESS, PHILIP
2845 RUNYON CIRCLE
ORLANDO FL 32837

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Philip Eneccess
Signature, typed or printed name of registered agent and title if applicable.

Philip Eneccess
(NOTE: Registered Agent signature required when reinstating)

4/30/96
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CD ☐ DELETE
NAME ENECESS, PHILIP G
STREET ADDRESS 2845 RUNYON CIRCLE
CITY-ST-ZIP ORLANDO FL 32837

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VC ☐ DELETE
NAME ENECESS, SYLVIA M
STREET ADDRESS 2845 RUNYON CIRCLE
CITY-ST-ZIP ORLANDO FL 32837

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE VCD ☐ DELETE
NAME TATI, ARCHINAGAS
STREET ADDRESS 2845 RUNYON CIR
CITY-ST-ZIP ORLANDO FL 32837

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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:

Philip Eneccess
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Philip Eneccess
Date

4/20/96 (407) 856-0136
Daytime Phone #

CR2E037 (12/95)