FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1996



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

DO($^{\sim}$ 1	11.7	ıT	44

1. Corporation	MENT # J064 ENIX COMMERCIAL CORI	(-/) SABANIA AIKI PANA ANNI ANNI ANNIA BAKA	- Juri Ruru raru hari barik rasa birk barun 1881
Principal Place	of Business	Mailing Address			
Principal Place of Business		.			
667 KINGSLEY AVENUE P. O. BOX 1051		667 KINGSLEY AVE P. O. BOX 1051	NUE		
ORANGE	PARK FL 32073	ORANGE PARK FL	32073	3. Date Incorporated or Qualified	3a. Date of Last Report
				03/25/1986	09/20/1995
2. Principal Place of Business		28. Mailing Address		4. FEI Number	Applied For
21 Suite, Apt #, etc.		Suite, Apt. #, etc.		59-2667657	Not Applicable
[22]	6, Gu.,	27 Scille, April. #, etc.		5. Certificate of Status Desired [\$8.75 Additional Fee Required
Oity & State)	City & State		6. Election Campaign Financing	\$5 00 May Ro
[23]	Country	28		Trast Faria Contribution	Added to Fees
24	Zip Country Zip 25 29		Country 30	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes X Yes No	
	9. Name and Address of Curr			10. Name and Address of New Reg	
			81 Name		
	GLADE, BERNARD W., JR.		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
667 KINGSLEY AVE.			83		
ORANGE PARK FL 32073					
			84 Gity		FL 85 Zip Code
familiar wil	ed agent, or both, in the state of ric in, and accept the obligations of, Se	orida. Such change was authorization 607.0505, Florida Statutes	ed by the corporation's boa s.	ration submits this statement for the purpor and of directors. I hereby accept the appoint	se of changing its registered office ment as registered agent. I am
12.	Supplier, typind or printed more, of registment age OFFICERS A	n and trient applicable (NO ND DIRECTORS	OTE Registered Agent signature require 13.		DATE
100	DP	DELETE	1. 1 TIFLE	ADDITIONS/CHANGES TO OFFICE	Change Addition
NAME	GLADE, BERNARD W., JF		1.2 NAME		C Augusta
STREET ADORESS	1692 VILLAGE WAY		1.3 STREET ADDRESS		
CUTY-51-ZIF	ORANGE PARK FL		1.4 CITY - \$T - ZIP		
TIT.F	STD	☐ DELETE	2 1 TILE		Change Addition
NAME \$18FE : ADDRESS	GLADE, SUSAN C. 1692 VILLAGE WAY		2 2 NAME		
OTY+ST-ZIP	ORANGE PARK FL		2 3 STREET ADDRESS 2 4 CITY - ST - ZIP		
nruf	AINBIAETIVARTE	DELETE	3 1 TITLE		Change Addition
NAM!			3.2 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CTY-ST-ZP			3 4 CITY - ST - ZIP		
TITLE NAME		☐ DELETE	4 1 7/16		Change Addition
STREET ADDRESS			4.2 NAME 4.3 STREET ADDRESS		
CHY-SI-ZIP			4.4 City-St-ZiP		
"IIE!		☐ DELETE	5 1 TITLE	-	☐ Change ☐ Addition
LAM)			5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY: \$1:7IF		Flotitit	5 4 CITY-ST-ZIP		
TOLE NAME		☐ DELETE	6.1 TITLE		Change Addition
STREET ADDRESS			6.2 NAME 6.3 STREET ADDRESS		
CITY - ST- ZIP			6.4 CHY-ST-ZIP		
14. I do hereb	y certify that the information supplied	d with this filing is voluntarily furn	ished and does not qualify f	or the exemption stated in Section 119.07(ate and that my signature shall have the sar	3)(k), Florida Statutes. I further
oath; that	am an officer or director of the corp	poration or the receiver or truste	e empowered to execute thi	ate and that my signature shall have the sar is report as required by Chapter 607, Florid	ne legal effect as it made under a Statutes: and that my name

SIGNATURE: BULLALA

Gidress.

BERNACO WELLAGESE