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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K15169

ENGQUIST ENTERPRISES. INC.

Principal Place of Business Mailing Address 4706 GORDON LANE 2222 CURRY FORD RD. ORLANDO FL 32806 ORLANDO FL 32821-8228 3. Date Incorporated or Qualified 3a. Date of Last Report 02/15/1988 05/01/1996 2. Principal Place of Business 2s. Mailing Address 4. FEI Number Applied For 59-2883500 26 Not Applicable 21 Suite Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 8. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 Added to Fees 28 Zip Country Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 29 30 Florida Statutes 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 ENGQUIST, ROBERT C. **4708 GORDEN LANE** 82 Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32821 83 City Zip Code 85 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, typing or printed name of registered agent and fille if applicable (NOTE: Registered Agent signature required when reinstating) (96/6)12, OFFICERS AND DIRECTORS 13, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change DELETE Addition 11 TITLE TITLE ENGQUIST, ROBERT C. NAME 1.2 NAME CR2E034 4706 GORDEN LN. 1.3 STREET ADDRESS STREET ADDRESS ORLANDO FL CHY-ST-2IP 1.4 CITY-ST-ZIP DELETE ☐ Change Addition TITLE 2.1 TITLE

22 NAME

3.1 TITLE

3.2 NAME 3.3 STREET ADDRESS

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS

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23 STREET ADDRESS

2. 4 CITY-ST-ZIP

3.4. CITY-ST-ZIP

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5.3 STREET ADDRESS 5.4 CITY - ST - ZIP

6.2 NAME 63 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CHTY- ST- 7/P 14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

NAME

THEF NAME

STREET ADDRESS CHTY-ST-7/P

STREET ADDRESS

STREET ADORESS

CITY-ST-ZIF

CITY - ST-7IP

TITLE

NAME STREET ADDRESS

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Apr 22 1997 8:00am

Secretary of State

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