

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K36757 (8)**

1. Corporation Name
ENOUGH, INC.



Principal Place of Business: % BENJAMIN L. HENSCHEL, 3363 W. COMMERCIAL BLVD., BLDG A STE 115, FORT LAUDERDALE FL 33309
Mailing Address: % BENJAMIN L. HENSCHEL, 3363 W. COMMERCIAL BLVD., BLDG A STE 115, FORT LAUDERDALE FL 33309

3. Date Incorporated or Qualified: **10/05/1988**
3a. Date of Last Report: **06/28/1995**

2. Principal Place of Business: 21 **3343 W. COMMERCIAL BLVD**, 22 **102**, 23 **FT. LAUDERDALE, FL**, 24 **33309**, 25 **USA**
2a. Mailing Address: 26 **3343 W. COMMERCIAL BLVD.**, 27 **102**, 28 **FT. LAUDERDALE, FL**, 29 **33309**, 30 **USA**

4. FEI Number: **65-0081032**
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
**HENSCHEL, BENJAMIN L.
3363 W. COMMERCIAL BLVD
BLDG. A, SUITE 115
FORT LAUDERDALE FL 33309**

10. Name and Address of New Registered Agent
81 Name: **HENSCHEL, BENJAMIN L.**
82 Street Address (P.O. Box Number is Not Acceptable): **3343 W. COMMERCIAL BLVD**
83 **STE 102**
84 City: **FT. LAUDERDALE** FL 85 Zip Code: **33309**

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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	PD	<input type="checkbox"/>
NAME	HENSCHEL, BENJAMIN L.	
STREET ADDRESS	3363 W COMMERCIAL BLVD	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE	DVP	<input type="checkbox"/>
NAME	KAPLAN, BARRY J.	
STREET ADDRESS	3363 W COMMERCIAL BLVD	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	T	<input type="checkbox"/>
NAME	HENSCHEL, MARGOT	
STREET ADDRESS	3363 W. COMMERCIAL BLVD.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	<input type="checkbox"/>
NAME	KAPLAN, JACQUELINE	
STREET ADDRESS	3363 W. COMMERCIAL BLVD.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
11 TITLE			
12 NAME			
13 STREET ADDRESS			
14 CITY-ST-ZIP			
21 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
22 NAME			
23 STREET ADDRESS			
24 CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
31 TITLE			
32 NAME			
33 STREET ADDRESS			
34 CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
41 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
42 NAME			
43 STREET ADDRESS			
44 CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
51 TITLE			
52 NAME			
53 STREET ADDRESS			
54 CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
61 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
62 NAME			
63 STREET ADDRESS			
64 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 _____ DATE _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)

(954) 486-9009