Applied For-Not Applicable

Zip Code

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## FILED Aug 20, 1999 8:00 am Secretary of State

08-20-1999 90004 041 \*\*\*550.00

DOCUMENT	#	K41	699
1 Corporation Name			$\sim$

ENWISEN.COM 3

A Florida Corporation			
Principal Place of Business	Mailing Address		
1906 W KING EDWARD AVE VANCOUVER. BC V6J 2W6 CA	C/O A. TASSO TSALAMANDR 1906 W. KING EDWARD AVE VANCOUVER. BC V6J 2W6	is	DO NOT WRITE IN THIS SPACE
	OC		3. Date Incorporated or Qualified 10/27/1988
2. Principal Place of Business			4FEI Number Applied For
7110 Redwood Bouleva	ard 26 7110 Redwood B	oulevard	65-0087784 Not Applica
Suite, Apt. #, etc. 22 Suite C	Suite, Apt. #, etc. 27 Suite C		5. Certificate of Status Desired S8.75 Additional Fee Required
City & State 23 Novato, California	City & State 28 Novato, Califo	rnia	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip Country 24 94945 25 USA	Zip 29 94945 30	Country USA	8. This corporation owes the current year Intangible Personal Property. Yes X No
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
LITMAN, ERIC E 7695 SOUTHWEST 104 ST SUITE 210 MIAMI FL 33156	REET	81 Name 82 Street / 83	Address (P.O. Box Number is Not Acceptable)
MILWII I E 33 130		94 City	85 Zin Code

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE							
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	X DELETE	1.1 TITLE	PD	X Change Add	lition	
NAME	ROGERS, STUART	_	1.2 NAME	Frank J. McCormack			
STREET ADDRESS	400 BURRARD STREET, SUITE 1400		1.3 STREET ADDRESS	7110 Redwood Boulevard	, Suite C		
CITY-ST-ZIP	VANCOUVER, BRITISH COLUMBIA V6C -30	32	1.4 CITY-ST-ZIP	Novato, CA 94945		l	
TITLE	SD	X DELETE	2.1 TITLE	D .	Change X Add	iition	
NAME	TSALAMANDRIS, ANASTASIOS	_	2.2 NAME	Keith HMcNeil_	سننور .		
STREET ADDRESS	1906 WEST KING EDWARD AVENUE	-	2.3 STREET ADDRESS	7200 Redwood Boulevard		ļ	
CITY-ST-ZIP	VANCOUVER, BRITISH COLUMBIA V6J -2W	V6	2.4 CITY-ST-ZIP	Novato, CA 94945_			
TITLE	0.1	DELETE	3.1 TITLE	D	Change X Add	ition	
NAME	• • •		3.2 NAME	James W. Lazor			
STREET ADDRESS	•	•	3.3 STREET ADDRESS	237 Roebling Road			
CITY-ST-ZIP	-		3.4 CITY-ST-ZIP	So. San Francisco, CA	94080		
TITLE		DELETE	4.1 TITLE		Change Add	lition	
NAME			4.2 NAME	•		ĺ	
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		DELETE	5.1 TITLE		Change Add	tition	
NAME			5.2 NAME				
STREET ADDRESS	Bar M. W 18		5.3 STREET ADDRESS			- {	
CITY-ST-ZIP	<u>. s. 640</u>		5.4 CITY-ST-ZIP				
TITLE	TO THE PERSON AS A SECOND PROPERTY OF THE PERSON AS A PERSON A PERSON AS A PER	DELETE	6.1 TITLE		Change Addi	ition	
NAME '.	1797. \$		6.2 NAME			Į	
STREET ADDRESS			6.3 STREET ADDRESS				
OIT / 07 8/0			6.4 CITY OT 7ID				

14. I 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.

SIGNATURE: \_S

SIGNATURE REGULAÇÃO AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR