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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

L91317 **DOCUMENT #** 

(2)

ENZO APA AND SON, INC.

Principal Place o	f Business	Mailing Address			1,44,14		
3733 LANCEV CORAL SPRIN	vood dr. NGS FL 33065	3733 LANCEWOOD DR. CORAL SPRINGS FL 30					
					3. Date Incorporated or Qualified 08/01/1990	3a. Date of 07/	Last Report <b>14/1995</b>
2. Principal Plac	e of Business	2a. Mailing Address			4. FEI Number	- <del>-</del>	Applied For
21		26			65-0210041		Not Applicab
Suite, Apt. #,	etc THOROUGHBRED L	Suite, Apt. #, etc. N27 5281 TH080	UGH BI	CED LON	5. Certificate of Status Desired		88.75 Additional Fee Required
City & State	AUDERDALE FL	City & State  28 F. LAVI)EI		= FLA	6. Election Campaign Financing		\$5.00 May Be Added to Fees
<sup>Zip</sup> 3333	Country  25 USA	29 333330	Count	ŠA-	8. This corporation has liability for Florida Statutes Yes		nder s 199.032,
24 0-20	g. Name and Address of Current	_1_1			10. Name and Address of New F	egistered Age	ent
			6	11 Name			
APA, VINCENZO 3733 LANCEWOOD DR.				Street Add	ess (P.O. Box Number is Not Acceptable)		
	SPRINGS FL 33065		8	33			
OOIDIE	5		1	34 City		FL	85 Zip Code
or registere familiar with SIGNATURE	d agent, or both, in the State of Florid i, and accept the obligations of, Secti	ia. Such change was authorized on 607.0505, Florida Statutes.	a by the ac	e-named corpo irporation is boo and signal increases	oration submits this statement for the purified of directors. Thereby accept the approximation and the statement of the state	pose of chang pointment as rec	istered agent. I am
	igentura, typed or printed name of registereo agent.  OFFICERS AND	<u> </u>	13.	Multi adica inc reson	ADDITIONS/CHANGES TO OFF		RECTORS IN 12
12.	D OF HOLENS AND	DELETE	1, 1 11	LE I			Change 🔲 Additio
NAME	APA, VINCENZO		1.2 NAM	∄E			
STREET ADDRESS	3733 LANCEWOOD DR.		13 SIR	EFT ADDRESS			
CITY ST-ZIP	CORAL SPRINGS FL		14 CIT	Y-ST ZIP			
TILLE		DEVETE	2 1 111	LF			Change 🔲 Additio
NAME			2 2 NAI	/E			
STREET ADDRESS			2 3 STF	REET ADDRESS			
CITY ST-710				Y - ST - ZIF		——————————————————————————————————————	Change
TIFLE		DELETE	3 1 717	l		U	Change 🔲 Additio
NAME			3.2 NAI				
STREET ADDRESS				REET ADDRESS			
CHY-ST-ZIP		DELETE	3.4 CII 4.1 TII	Y-ST-7IP			Change
TILE			42 NA				<del></del>
NAME others apprece			1	REEL ADDRESS			
STHEET ADDRESS				Y - ST - 7IP			
CITY-ST-ZIP TITLE		DELEIE	5 1 10				Change Addition
NAME			5.2 NA	ME			
STREET ADDRESS			•	REET ADDRESS			
CiTY-ST-ZP			5 4 CH	Y- \$1 - 7/P			
TI'LE		DELETE	6 1 Ti				Change
NAME			6.2 NA	ME			
STREET ADDRESS			6381	REET ADDRESS			
0174 07 715			6 4 CI	Y-ST-ZIP			
14 I do hereb	v certify that the information supplied	with this filing is voluntarily furni	ished and o	does not qualify	for the exemption stated in Section 11	9.07(3)(k), Floric	la Statutes. I further

roo hereby 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 early 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 early 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.

PROS. 4-3-96 Daytore Proce.