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 # L93846 (8)

1. Corporation Name

ENIGMA ENTERPRISES, INCORPORATED

Principal Place of Business	Mailing Address
306 EAST TYLER, SUITE 400 TAMPA FL 33602	306 EAST TYLER, SUITE 400 TAMPA FL 33602

3. Date Incorporated or Qualified: 06/14/1990
3a. Date of Last Report: 03/03/1995

2. Principal Place of Business
21
Suite, Apt #, etc
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt #, etc
27
City & State
28
Zip
29
Country
30

4. FEI Number: 59-3033348 — Applied For / Not Applicable
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

WALSTEAD, DON
13217 B. N. NEBRASKA
TAMPA FL 33612

10. Name and Address of New Registered Agent

81 Name: WALSTEAD Don
82 Street Address (P.O. Box Number is Not Acceptable): 8408 Temple Terrace Hwy
83 Temple Terrace
84 City: FL
85 Zip Code: 33637

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 ____________

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	AYERS, DOUGLAS	
STREET ADDRESS	306 E TYLER, STE. 400	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	VSTD	☐ DELETE
NAME	WALSTEAD, DON	
STREET ADDRESS	13217 B NORTH NEBRASKA AVE.	
CITY-ST-ZIP	TAMPA FL 33612	
TITLE	[redacted]	☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	VSTD	☐ Change ☐ Addition
2.2 NAME	WALSTEAD Don	
2.3 STREET ADDRESS	8408 Temple Terrace Hwy	
2.4 CITY-ST-ZIP	Temple Terrace Fl 33637	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (3/96)

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: Don W[signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 7-22-96 Daytime Phone #: 813 9899663