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Apr 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000000390 (4)**
1. Corporation Name

ENOCH SUPPORT GROUP, INC.



Principal Place of Business PO BOX 990445 NAPLES FL 34116	Mailing Address P O BOX 990445 NAPLES FL 34116 US
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3. Date Incorporated or Qualified 01/18/1994	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 65-0540653	

2. Principal Place of Business 21 3720 27th Ave SW Suite, Apt. #, etc.	2a. Mailing Address 26 3720 27th Ave SW Suite, Apt. #, etc.
22 City & State 23 Naples FL	27 City & State 28 Naples F
24 Zip 34	25 Country USA
29 Zip 34	30 Country USA

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**THOMPSON, DEBORAH
7500 DAVIS BLVD
NAPLES FL 33942**

10. Name and Address of New Registered Agent

81 Name Lawrence Kolegue
82 Street Address (P.O. Box Number is Not Acceptable) 6160 Green Blvd
83
84 City Naples
85 Zip Code FL 34116

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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 617.0503, Florida Statutes.

SIGNATURE Lawrence Kolegue Lawrence Kolegue PD 2-2-98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	RUTHERFORD, JERRY	
STREET ADDRESS	3720 27TH AVENUE, S.W.	
CITY - ST - ZIP	NAPLES FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	THOMPSON, DEBORAH	
STREET ADDRESS	660 17TH STREET, S.W.	
CITY - ST - ZIP	NAPLES FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	RUTHERFORD, JEANNENE	
STREET ADDRESS	3720 27TH AVE SW	
CITY - ST - ZIP	NAPLES FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	PEDEN, NY	
STREET ADDRESS	5781 12TH AVENUE, S.W..	
CITY - ST - ZIP	NAPLES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Lawrence Kolegue	
1.3 STREET ADDRESS	6160 Green Blvd	
1.4 CITY - ST - ZIP	Naples FL 34116	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Mario Rhimes	
2.3 STREET ADDRESS	781 4th St NE	
2.4 CITY - ST - ZIP	Naples FL 34120	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	Annette Jones TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Annette Jones	
4.3 STREET ADDRESS	5841 12th Ave SW	
4.4 CITY - ST - ZIP	Naples FL 34116	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Lawrence Kolegue Lawrence Kolegue 2-2-98 941-353-7192

CR2E037 (10/97)