FILE NOW: FILING FEE AFTER MAY 1 IS $2

PROFIT CORPORATION ANNUAL REPORT 1997

FLORIDA DEPARTMEN
Sandra B. Mort
Secretary of St
DIVISION OF CORPC

FILED
May 06 1997 8:00 am
Secretary of State

DOCUMENT # P93000049022 (5)

1. Corporation Name

ENHANCED PROPERTIES, INC.

Principal Place of Business	Mailing Address
~~6780 HAMMOCK LANE~~ ~~WEST PALM BEACH FL 33411~~ 5350 10th AVE. No. #5 LAKE Worth FL 33463	~~6780 HAMMOCK LANE~~ ~~WEST PALM BEACH FL 33411~~ 5350 10th AVE. No. #5 LAKE Worth FL 33463

3. Date Incorporated or Qualified: 07/06/1993 | 3a. Date of L: 03/30

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 65-0426984

5. Certificate of Status Desired ☐ $

6. [illegible] ☐ $

8. This corporation has liability for intangible tax un
Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

THERIEN, RICHARD C
6780 HAMMOCK LANE
WEST PALM BEACH FL 33411

10. Name and Address of New Registered Ager

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changin 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 regis 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		13. ADDITIONS, CHAN
TITLE	D ☐ DELETE	11 TITLE ☐ Ch
NAME	THERIEN, RICHARD C	12 NAME
STREET ADDRESS	6780 HAMMOCK LANE	13 STREET ADDRESS
CITY-ST-ZIP	WEST PALM BEACH FL 33411	14 CITY-ST-ZIP
TITLE	D ☐ DELETE	21 TITLE ☐ Ch
NAME	WATSON, JAMES W	22 NAME
STREET ADDRESS	5350 10TH AVENUE NORTH, SUITE 5	23 STREET ADDRESS
CITY-ST-ZIP	LAKE WORTH FL	24 CITY-ST-ZIP
TITLE	☐ DELETE	31 TITLE 800002179758 ☐ Ch
NAME		32 NAME -05/15/97--01047--008
STREET ADDRESS		33 STREET ADDRESS ***165.00
CITY-ST-ZIP		34 CITY-ST-ZIP
TITLE	☐ DELETE	41 TITLE ☐ Ch
NAME		42 NAME
STREET ADDRESS		43 STREET ADDRESS
CITY-ST-ZIP		44 CITY-ST-ZIP
TITLE	☐ DELETE	51 TITLE ☐ Ch
NAME		52 NAME
STREET ADDRESS		53 STREET ADDRESS
CITY-ST-ZIP		54 CITY-ST-ZIP
TITLE	☐ DELETE	61 TITLE ☐ Ch
NAME		62 NAME
STREET ADDRESS		63 STREET ADDRESS
CITY-ST-ZIP		64 CITY-ST-ZIP

5-6-97

PLEASE SIGN & DATE

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 S 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 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; an appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: James W. Watson 4/30/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

Deanna P