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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000061735 (5)

ENCORE, ENCORE, INC.

Frincipal Place of Business Mailing Address 3576 UNIVERSITY BLVD. WEST 3576 UNIVERSITY BLVD. WEST JACKSONVILLE FL 32217 JACKSONVILLE FL 82217-2191 3a. Date of Last Report Date Incorporated or Qualified 09/02/1993 04/26/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3201424 21 Not Applicable Suite, Apt # atc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Country Country Zip 8. This corporation has liability for intangible tax under s. 199.032 Yes No 29 30 Florida Statutes 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent BRANT MOORE SAPP MACDONALD & WELLS P.A. 61 Name 50 NORTH LAURA ST. 82 Street Address (P.O. Box Number is Not Acceptable) **SUITE 3100** JACKSONVILLE FL 32202 City Zip Code 85 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. Family with, and accept the obligations of, Section 607,0505, Florida Statutes. Signature, type dior publicd harne of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. 96/6) DELETE 1.1 TITLE Change Addition TITLE ROSENBLUM, JENNIFER L 1.2 NAME R2E034 NAME 3576 UNIVERSITY BLVD. WEST 1.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32217 1.4 City-ST-ZIP CHY-ST ZiF DELETE Change Addition 21 DILE THE 2.2 NAME NAVE STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY - ST - ZIP CITY-ST-Z DELETE Change Addition TiTLE 31 TITLE NAME 3.2 NAME 33 STREET ADDRESS STREET ADDRESS CHY-ST 3.4. CITY - ST-ZIP DELETE Change Addition THEF 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STHEET ACORESS 44 CITY-ST-ZIP CHY-SI-7P DELETE Change Addition 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ALORESS 5.4 CITY - ST-ZIP DELETE 61 TITLE Change Addition TIDE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CON-ST ZIP 6.4 CITY - ST - ZIP 14. Too 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 compration or the receiver or trustee employeered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 3 if oranged, or on an attachment with an address.

SIGNATURE:

FILED

Apr 17 1997 8:00am

Secretary of State