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May 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000073462 (2)

1. Corporation Name
ENTHUSIASM ENTERPRISES, INC.

Principal Place of Business	Mailing Address
700 NW 44TH AVE COCONUT CREEK FL 33066	700 NW 44TH AVE COCONUT CREEK FL 33066-1553

3. Date Incorporated or Qualified: 10/22/1993
3a. Date of Last Report: 08/09/1996
4. FEI Number: 65-0453255 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 4680 NE 2 Avenue	26 P.O. Box 938641
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Ft Lauderdale, FL	28 City & State: Margate, FL
24 Zip: 33334 — 25 Country: USA	29 Zip: 33093 — 30 Country: USA

9. Name and Address of Current Registered Agent

SMITH, RAMONA
700 NW 44TH AVE
COCONUT CREEK FL 33066

10. Name and Address of New Registered Agent

81 Name: SAME
82 Street Address (P.O. Box Number is Not Acceptable): 4680 NE 2 Avenue
83
84 City: Margate FL 85 Zip Code: 33334

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 ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-instating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☑ Change ☐ Addition
NAME	SMITH, MICHAEL		1.2 NAME	
STREET ADDRESS	700 NW 44TH AVE		1.3 STREET ADDRESS	4680 NE 2 Ave
CITY-ST-ZIP	COCONUT CREEK FL 33066		1.4 CITY-ST-ZIP	Ft Lauderdale, FL 33334
TITLE	D	☐ DELETE	2.1 TITLE	☑ Change ☐ Addition
NAME	SMITH, RAMONA		2.2 NAME	
STREET ADDRESS	700 NW 44TH AVE		2.3 STREET ADDRESS	4680 NE 2 Avenue
CITY-ST-ZIP	COCONUT CREEK FL 33066		2.4 CITY-ST-ZIP	Ft Lauderdale, FL 33334
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.