FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEFARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90074 007 ***158.75

 Corpor ation 	VIENT# P9300 Name ENN, INC.				
Principal Flace	e of Business	Mailing Address			
6940 STUART A		P O BOX 37982 JACKSONVILLE FL 32202			
JACKSONVILLE FL 32202 US		US		DO NOT WRITE IN TH	IIS SPACE
				3. Date Incorporated or Qualifed 11/13/1993	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3:210356	No Applica
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	<u> </u>	City 9 Chata			
City & Stat	e	City & State		6. Electic n Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23 Zip	Country		Country	This corporation owes the current year	
24) Zip	25	——————————————————————————————————————	30	Personal Property Tax.	☐ Yes ☐ No
	9. Name and Address of Curr			10. Name and Address of New Register	
			81 Name		
	es, lee b i		82 Street Add	Iress (P.O. Box Number is Not Acceptable)	.
6940 STUART AVE			OZ Sireet And	ress (P.O. 60). Number is Not Acceptable)	
JACH	(SONVILLE FL 322)2		83		.
			1 1		
					DE Zin Cada
office or r agent. I a	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the obli	ite of Florida. Such change was ≇u igat⊦ons of, Section 607.0505, Flori	ithorized by the corporation of	poration submits this statement for the purpose ion's board of directors. I hereby accept the ap	of changing its registere
office or r agent. I a SIGNATUF:E	egistered agent, or both, in the Sta m familiar with, and accept the obli Signature, typed or printed na ne of registered a	ite of Florida. Such change was au igations of, Section 607.0505, Floridagent and title if applicable. (NOT E.	s, the above-named corporation the statutes. Registered Agent signature requires	poration submits this statement for the purpose ion's board of (lirectors, I hereby accept the ap	of changing its registered cointment as registered
office or r agent. I a SIGNATUF:E 12.	egistered agent, or both, in the Sta m familiar with, and accept the obli Signature, typed or printed name of registered a	ite of Florida. Such change was au igations of, Section 607.0505, Flori	s, the above-named corporation of the corporation o	poration submits this statement for the purpose ion's board of directors. I hereby accept the ap	of changing its registered cointment as registered
office or r agent. I a SIGNATUF:E	egistered agent, or both, in the Sta m familiar with, and accept the obli Signature, typed or printed name of registered a OFFICERS A	ite of Florida. Such change was augations of, Section 607.0505, Flori agent and title if applicable. (NOT 5. ANL) DIRECTORS	s, the above-named corporationized by the corporation Statutes. Registered Agent signature requirements.	poration submits this statement for the purpose ion's board of (lirectors, I hereby accept the ap	of changing its registered continent as registered
office or ragent. I a SIGNATUF:E 12. TITLE NAME	egistered agent, or both, in the Sta m familiar with, and accept the obli Signature, typed or printed name of registered a OFFICERS OFFICERS OFFICERS OFFICERS OFFICERS OFFICERS OFFICERS OFFICERS OFFICERS OFFICERS OFFI	ite of Florida. Such change was augations of, Section 607.0505, Flori agent and title if applicable. (NOT 5. ANL) DIRECTORS	is, the above-named corporationized by the corporation attacks. Registered Agent signature requirements. 13. 1.1 TITLE	poration submits this statement for the purpose ion's board of (lirectors, I hereby accept the ap	of changing its registered continent as registered
office or ragent. I a SIGNATUF:E 12. TITLE NAME STREET ADDRE 3S	egistered agent, or both, in the Sta m familiar with, and accept the obli Signature, typed or printed name of registered a OFFICERS A	ite of Florida. Such change was augations of, Section 607.0505, Flori agent and title if applicable. (NOT 5. ANL) DIRECTORS	rs, the above-named corporationized by the corporation da Statutes. Registered Agent signature requirements of the statute of	poration submits this statement for the purpose ion's board of (lirectors, I hereby accept the ap	of changing its registered continent as registered
office or ragent. I a SIGNATUF:E 12. TITLE NAME	egistered agent, or both, in the Stam familiar with, and accept the obling signature, typed or printed in a ne of registered a OFFICERS of VPDS JONES, STEVEN C 6940 STUART AVE.	ite of Florida. Such change was augations of, Section 607.0505, Flori agent and title if applicable. (NOT 5. ANL) DIRECTORS	s, the above-named corporationized by the corporation da Statules. Registered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	poration submits this statement for the purpose ion's board of (lirectors, I hereby accept the ap	of changing its registered continent as registered
office or ragent. I a SIGNATUF:E 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the Stam familiar with, and accept the obligation of the stamps of the	ite of Florida. Such change was au igations of, Section 607.0505, Flori agent and title if applicable. (NOT E. ANI.) DIRECTORS	s, the above-named corporationized by the corporation da Statules. Registered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	poration submits this statement for the purpose ion's board of (lirectors, I hereby accept the ap	of changing its registered cointment as registered AND DIRECTOFIS IN 1: Change Add
office or ragent. I a SIGNATUF:E 12. TITLE NAME STREET ADDRE 3S CITY-ST-ZIP TITLE	egistered agent, or both, in the Stam familiar with, and accept the obling signature, typed or printed as ne of registered a OFFICERS JONES, STEVEN C 6940 STUART AVIE. JACKSONVILLE FL	ite of Florida. Such change was au igations of, Section 607.0505, Flori agent and title if applicable. (NOT E. ANI.) DIRECTORS	s, the above-named correctionized by the corporationized by the corporationized by the corporationized by the corporationized Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	poration submits this statement for the purpose ion's board of (lirectors, I hereby accept the ap	of changing its registered cointment as registered AND DIRECTOFIS IN 1: Change Add
office or ragent. I a SIGNATUF:E 12. TITLE NAME STREET ADDRE 3S CITY- ST- ZIP TITLE NAME	egistered agent, or both, in the Stam familiar with, and accept the obling signature, typed or printed in the of registered at the obling of the obling signature. The obling signature is supported by the obling signature, typed or printed in the of registered at the obling signature. VPDS JONES, STEVEN C 6940 STUART AVIE. JACKSONVILLE FL PTD JONES, IV L	ite of Florida. Such change was au igations of, Section 607.0505, Flori agent and title if applicable. (NOT E. ANI) DIRECTORS	s, the above-named correctionized by the corporation of the corporatio	poration submits this statement for the purpose ion's board of (lirectors, I hereby accept the ap	of changing its registered continent as registered AND DIRECTORS IN 12 Change Add Change Add
office or ragent. I a SIGNATUF:E 12. TITLE NAME STREET ADDRE 3S CITY-ST-ZIP TITLE NAME STREET ADDRE 3S	egistered agent, or both, in the Stam familiar with, and accept the obling signature, typed or printed in the of registered a OFFICERS. VPDS JONES, STEVEN C 6940 STUART AVE. JACKSONVILLE FL PTD JONES, IV L 6940 STUART AVE.	ite of Florida. Such change was au igations of, Section 607.0505, Flori agent and title if applicable. (NOT E. ANI.) DIRECTORS	s, the above-named corporation of the corporation o	poration submits this statement for the purpose ion's board of (lirectors, I hereby accept the ap	of changing its registered cointment as registered AND DIRECTOFIS IN 1: Change Add
office or ragent. I a SIGNATUF:E 12. TITLE NAME STREET ADDRE 3S CITY- ST- ZIP TITLE NAME STREET ADDRE 3S CITY- ST- ZIP	egistered agent, or both, in the Stam familiar with, and accept the obling signature, typed or printed in the of registered a OFFICERS. VPDS JONES, STEVEN C 6940 STUART AVE. JACKSONVILLE FL PTD JONES, IV L 6940 STUART AVE.	ite of Florida. Such change was au igations of, Section 607.0505, Flori agent and title if applicable. (NOT E. ANI) DIRECTORS	s, the above-named corporation of the corporation o	poration submits this statement for the purpose ion's board of (lirectors, I hereby accept the ap	of changing its registered continent as registered AND DIRECTORS IN 12 Change Add Change Add
office or ragent. I a SIGNATUF:E 12. TITLE NAME STREET ADDRE 3S CITY-ST-ZIP TITLE NAME STREET ADDRE 3S CITY-ST-ZIP TITLE	egistered agent, or both, in the Stam familiar with, and accept the obling signature, typed or printed in the of registered a OFFICERS. VPDS JONES, STEVEN C 6940 STUART AVE. JACKSONVILLE FL PTD JONES, IV L 6940 STUART AVE.	ite of Florida. Such change was au igations of, Section 607.0505, Flori agent and title if applicable. (NOT E. ANI) DIRECTORS	s, the above-named corporation of the corporation o	poration submits this statement for the purpose ion's board of (lirectors, I hereby accept the ap	of changing its registered continent as registered AND DIRECTORS IN 12 Change Add Change Add
office or ragent. I a SIGNATUF:E 12. TITLE NAME STREET ADDRE 3S CITY-ST-ZIP	egistered agent, or both, in the Stam familiar with, and accept the obling signature, typed or printed in the of registered a OFFICERS. VPDS JONES, STEVEN C 6940 STUART AVE. JACKSONVILLE FL PTD JONES, IV L 6940 STUART AVE.	te of Florida. Such change was augations of, Section 607.0505, Floringer and title if applicable. (NOT EANL) DIRECTORS DELETE	s, the above-named corporation thorized by the corporation of the statutes. Registered Agent signature requirements of the statutes of the st	poration submits this statement for the purpose ion's board of (lirectors, I hereby accept the ap	of changing its registered AND DIRECTOF S IN 12 Change Add Change Add Change Add
office or ragent. I a SIGNATUF:E 12. TITLE NAME STREET ADDRE 3S CITY-ST-ZIP TITLE	egistered agent, or both, in the Stam familiar with, and accept the obling signature, typed or printed in the of registered a OFFICERS. VPDS JONES, STEVEN C 6940 STUART AVE. JACKSONVILLE FL PTD JONES, IV L 6940 STUART AVE.	ite of Florida. Such change was au igations of, Section 607.0505, Flori agent and title if applicable. (NOT E. ANI) DIRECTORS	s, the above-named corporation thorized by the corporation of the statutes. Registered Agent signature requirements of the statutes of the st	poration submits this statement for the purpose ion's board of (lirectors, I hereby accept the ap	of changing its registered continent as registered AND DIRECTORS IN 12 Change Add Change Add
office or ragent. I a SIGNATUF:E 12. TITLE NAME STREET ADDRE 3S CITY-ST-ZIP TITLE NAME STREET ADDRE 3S CITY-ST-ZIP TITLE NAME STREET ADDRE 3S CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME	egistered agent, or both, in the Stam familiar with, and accept the obling signature, typed or printed in the of registered a OFFICERS. VPDS JONES, STEVEN C 6940 STUART AVE. JACKSONVILLE FL PTD JONES, IV L 6940 STUART AVE.	te of Florida. Such change was augations of, Section 607.0505, Floringer and title if applicable. (NOT EANL) DIRECTORS DELETE	s, the above-named correctionized by the corporation da Statutes. Registered Agent signature requirements of the corporation o	poration submits this statement for the purpose ion's board of (lirectors, I hereby accept the ap	of changing its registered AND DIRECTOF S IN 12 Change Add Change Add Change Add
office of ragent. I a signature. 12. TITLE NAME STREET ADDRE 3S CITY-ST-ZIP	egistered agent, or both, in the Stam familiar with, and accept the obling signature, typed or printed in the of registered a OFFICERS. VPDS JONES, STEVEN C 6940 STUART AVE. JACKSONVILLE FL PTD JONES, IV L 6940 STUART AVE.	te of Florida. Such change was augations of, Section 607.0505, Floringer and title if applicable. (NOT EANL) DIRECTORS DELETE	s, the above-named correctionized by the corporation da Statutes. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS	poration submits this statement for the purpose ion's board of (lirectors, I hereby accept the ap	of changing its registered AND DIRECTOF S IN 12 Change Add Change Add Change Add
office of ragent. I a SIGNATUF:E 12. TITLE NAME STREET ADDRE 3S CITY- ST- ZIP	egistered agent, or both, in the Stam familiar with, and accept the obling signature, typed or printed in the of registered a OFFICERS. VPDS JONES, STEVEN C 6940 STUART AVE. JACKSONVILLE FL PTD JONES, IV L 6940 STUART AVE.	ite (f Florida, Such change was au igations of, Section 607.0505, Flori agent and title if applicable. (NOT E. ANI) DIRECTORS DELETE DELETE	s, the above-named correctionized by the corporation da Statutes. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 4.1 STREET ADDRESS 4.2 CITY-ST-ZIP 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	poration submits this statement for the purpose ion's board of (lirectors, I hereby accept the ap	of changing its registered AND DIRECTOF S IN 12 Change Add Change Add Change Add Change Add
office of ragent. I a SIGNATUF:E 12. TITLE NAME STREET ADDRE 3S CITY-ST-ZIP TITLE	egistered agent, or both, in the Stam familiar with, and accept the obling signature, typed or printed in the of registered a OFFICERS. VPDS JONES, STEVEN C 6940 STUART AVE. JACKSONVILLE FL PTD JONES, IV L 6940 STUART AVE.	te of Florida. Such change was augations of, Section 607.0505, Floringer and title if applicable. (NOT EANL) DIRECTORS DELETE	s, the above-named corporation thorized by the corporation of the statutes. Registered Agent signature requirements of the statutes of the st	poration submits this statement for the purpose ion's board of (lirectors, I hereby accept the ap	of changing its registered AND DIRECTOF S IN 12 Change Add Change Add Change Add Change Add
office of ragent. I a SIGNATUF:E 12. TITLE NAME STREET ADDRE 3S CITY-ST-ZIP TITLE NAME	egistered agent, or both, in the Stam familiar with, and accept the obling signature, typed or printed in the of registered a OFFICERS. VPDS JONES, STEVEN C 6940 STUART AVE. JACKSONVILLE FL PTD JONES, IV L 6940 STUART AVE.	ite (f Florida, Such change was au igations of, Section 607.0505, Flori agent and title if applicable. (NOT E. ANI) DIRECTORS DELETE DELETE	s, the above-named correctionized by the corporation da Statutes. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 4.1 STREET ADDRESS 4.2 CITY-ST-ZIP 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	poration submits this statement for the purpose ion's board of (lirectors, I hereby accept the ap	of changing its registered AND DIRECTOF S IN 12 Change Add Change Add Change Add Change Add
office of ragent. I a signature: 12. TITLE NAME STREET ADDRE 3S CITY-ST-ZIP TITLE NAME STREET ADDRE 3S	egistered agent, or both, in the Stam familiar with, and accept the obling signature, typed or printed in the of registered a OFFICERS. VPDS JONES, STEVEN C 6940 STUART AVE. JACKSONVILLE FL PTD JONES, IV L 6940 STUART AVE.	ite (f Florida, Such change was au igations of, Section 607.0505, Flori agent and title if applicable. (NOT E. ANI) DIRECTORS DELETE DELETE	s, the above-named correctionized by the corporation da Statutes. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	poration submits this statement for the purpose ion's board of (lirectors, I hereby accept the ap	of changing its registered AND DIRECTOF S IN 12 Change Add Change Add Change Add Change Add
office of ragent. I a signature. 12. TITLE NAME STREET ADDRE 3S CITY-ST-ZIP TITLE NAME STREET ADDRE 3S CITY-ST-ZIP	egistered agent, or both, in the Stam familiar with, and accept the obling signature, typed or printed in the of registered a OFFICERS. VPDS JONES, STEVEN C 6940 STUART AVE. JACKSONVILLE FL PTD JONES, IV L 6940 STUART AVE.	ite (f Florida, Such change was au igations of, Section 607.0505, Flori agent and title if applicable. (NOT E. ANI) DIRECTORS DELETE DELETE	Registered Agent signature required Statutes. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 4.5 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.3 STREET ADDRESS 5.3 STREET ADDRESS 5.4 STREET ADDRESS 5.5 STREET ADDRESS	poration submits this statement for the purpose ion's board of (lirectors, I hereby accept the ap	of changing its registered AND DIRECTOF S IN 12 Change Add Change Add Change Add Change Add
office of ragent. I a signature 12. TITLE NAME STREET ADDRE 3S CITY-ST-ZIP TITLE NAME STREET ADDRE 3S	egistered agent, or both, in the Stam familiar with, and accept the obling signature, typed or printed in the of registered a OFFICERS. VPDS JONES, STEVEN C 6940 STUART AVE. JACKSONVILLE FL PTD JONES, IV L 6940 STUART AVE.	ite (f Florida, Such change was au igations of, Section 607.0505, Flori agent and title if applicable. (NOT E. ANI) DIRECTORS DELETE DELETE	Registered Agent signature required Statutes. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.5 TITLE 5.5 NAME 5.5 STREET ADDRESS 5.6 CITY-ST-ZIP	poration submits this statement for the purpose ion's board of (lirectors, I hereby accept the ap	of changing its registered AND DIRECTORS IN 12 Change Add Change Add Change Add Change Add Add Add Add Add Add Add Add

14. hereby certify that the information supplied with this filing does not qualify to 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR