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Feb 12 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 # P93000086035 (1)

1. Corporation Name
ENSAME, INC.

Principal Place of Business

5500 COLLINS AVE
MIAMI BCH FL 33140
US

Mailing Address

7440 SW 136 ST
MIAMI FL 33156-6856



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 1455 NO. TREASURE DR.

Suite, Apt. #, etc.

27 7-R

City & State

28 NO. BAY VILLAGE, FL.

Zip

29 33141

Country

30 DADE

g. Name and Address of Current Registered Agent

SCHROLL, SANDRA F
7440 SW 136 ST
MIAMI FL 33156

3. Date Incorporated or Qualified

12/13/1993

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0457390

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1455 NO. TREASURE DR.

83 7-R

84 City

NO. BAY VILLAGE

FL

85 Zip Code

33141

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME SCHROLL, PETER T
STREET ADDRESS 7440 SW 136 ST
CITY- ST- ZIP MIAMI FL
☐ DELETE

TITLE VPD
NAME SCHROLL, SANDRA F
STREET ADDRESS 7440 SW 136 ST
CITY- ST- ZIP MIAMI FL
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 1455 NO. TREASURE DR. 7-R
1.4 CITY- ST- ZIP NO. BAY VILLAGE, FL. 33141
☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 1455 NO. TREASURE DR 7-R
2.4 CITY- ST- ZIP NO. BAY VILLAGE, FL. 33141
☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP
☐ Change ☐ Addition

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.

SIGNATURE:

Sandra F. Schroll

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0213617

CR2E034 (9/96)