FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 27 PM 2:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000028642 (4)**

1. Corporation Name

ENZONE OF SOUTH FLORIDA, INC.

Principal Place of Business	Mailing Address
7518 SW 26 CT DAVIE FL 33317	7518 SW 26 CT DAVIE FL 33317

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/13/1994

3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 4800 SW 51 STREET	26 4800 SW 51 STREET
Suite, Apt. #, etc. 22 BLDG #100	Suite, Apt. #, etc. 27 BLDG #100
City & State 23 DAVIE, FL	City & State 28 DAVIE, FL
Zip / Country 24 33314 / 25	Zip / Country 29 33314 / 30

4. FEI Number: 65-0499985 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SILBERMAN, GARY 1750 NE 167 ST SUITE 1530 N MIAMI BEACH FL 33162	81 Name: SILBERMAN, GARY 82 Street Address (P.O. Box Number is Not Acceptable): 1021 IVES DAIRY ROAD #111 83 84 City: N MIAMI BEACH, FL 85 Zip Code: 33179

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 _____ (DATE)
Signature, typed or printed name of registered agent and title if applicable — (DATE) Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	MCDONNELL, JOSEPH	12 NAME	
STREET ADDRESS	7518 SW 26 CT	13 STREET ADDRESS	8060 CLEARY BLVD #609
CITY ST ZIP	DAVIE FL 33317	14 CITY ST ZIP	PLANTATION, FL 33324
TITLE		21 TITLE	P ☐ Change ☒ Addition
NAME		22 NAME	RUSSO, NICHOLAS, JR.
STREET ADDRESS		23 STREET ADDRESS	15634 TELEGRAPH DR
CITY ST ZIP		24 CITY ST ZIP	FOUNTAIN HILLS, AZ 85268
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

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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)(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: _____ JOSEPH MCDONNELL 4-21-95 (305)792-7800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0222030 CP