SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

FILED
Aug 13 1996 8:00 am
Secretary of State

DOCUMENT # **P94000028642 (4)**

1. Corporation Name
ENZONE OF SOUTH FLORIDA, INC.

Principal Place of Business	Mailing Address
4800 SW 51 STREET BLDG #100 DAVIE FL 33314 US	4800 SW 51 STREET BLDG #100 DAVIE FL 33314 US

3. Date Incorporated or Qualified: 04/13/1994
3a. Date of Last Report: 04/27/1995
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

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

9. Name and Address of Current Registered Agent
SILBERMAN, GARY
1021 IVES DAIRY RD #111
N MIAMI BEACH FL 33179

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 300-7 STREET
83 Suite 405
84 City Miami Beach FL 85 Zip 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 _____ DATE _____
Signature, Typed or Printed Name of Individual & Capacity/Title if applicable (NOTE: Registered Agent signature required when name is changed)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	11 TITLE
NAME	MCDONNELL, JOSEPH	12 NAME
STREET ADDRESS	8060 CLEARY BLVD #609	13 STREET ADDRESS 703 LAKE BLVD
CITY-ST-ZIP	PLANTATION FL 33317	14 CITY-ST-ZIP Ft. Lauderdale, FL 33326
☐ DELETE		☒ Change ☐ Addition
TITLE	P	21 TITLE
NAME	RUSSO, NICHOLAS JR.	22 NAME
STREET ADDRESS	15634 TELEGRAPH DR	23 STREET ADDRESS
CITY-ST-ZIP	FOUNTAIN HILLS AZ 85268	24 CITY-ST-ZIP
☐ DELETE		☐ Change ☐ Addition
TITLE		31 TITLE
NAME		32 NAME
STREET ADDRESS		33 STREET ADDRESS
CITY-ST-ZIP		34 CITY-ST-ZIP
☐ DELETE		☐ Change ☐ Addition
TITLE		41 TITLE
NAME		42 NAME
STREET ADDRESS		43 STREET ADDRESS
CITY-ST-ZIP		44 CITY-ST-ZIP
☐ DELETE		☐ Change ☐ Addition
TITLE		51 TITLE
NAME		52 NAME
STREET ADDRESS		53 STREET ADDRESS
CITY-ST-ZIP		54 CITY-ST-ZIP
☐ DELETE		☐ Change ☐ Addition
TITLE		61 TITLE
NAME		62 NAME
STREET ADDRESS		63 STREET ADDRESS
CITY-ST-ZIP		64 CITY-ST-ZIP
☐ DELETE		☐ Change ☐ Addition

CR2E034 (3/96)

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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 8-6-96 954-792-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0079062 CP