


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
Aug 08 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000028644 (0)

1. Corporation Name  
ENZONE U.S.A., INC.

Principal Place of Business

Mailing Address

4800 SW 51 ST #100  
DAVIE FL 33314  
US

P. O. BOX 290480  
DAVIE FL 33329  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3a. Date of Last Report	
21 10165 USA Today Way		04/13/1994	
Suite, Apt. #, etc.		3a. Date of Last Report	
22		08/13/1996	
23 City & State		4. FEI Number	
24 FL		11-2967922	
25 33085		Applied For	
26		Not Applicable	
27		5. Certificate of Status Desired	
28		8.75 Additional Fee Required	
29		6. Election Campaign Financing	
30		Trust Fund Contribution	
31		5.00 May Be Added to Fees	
32		8. This corporation owes or has paid the current year Intangible	
33		Personal Property Tax due June 30.	
34		Yes No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SILBERMAN, GARY 300 - 7TH ST. SUITE 405 MIAMI BEACH FL 33141		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	
		FL 85 Zip Code	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	0 MCDONNELL, JOSEPH	1.1 TITLE	D.P.
NAME	703 LAKE BLVD	1.2 NAME	
STREET ADDRESS	FT. LAUDERDALE FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Weston, FL 33326
TITLE	DVP MCDONNELL, JAMES	2.1 TITLE	
NAME	1318 CAMELLIA CIRCLE	2.2 NAME	
STREET ADDRESS	FT. LAUDERDALE FL	2.3 STREET ADDRESS	998 Shady Side Lane
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Weston, FL 33326
TITLE	CST DUSSICH, JOSEPH J	3.1 TITLE	
NAME	158 PAYNE WHITNEY LANE	3.2 NAME	
STREET ADDRESS	MANHASSET NY	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	DVP RUSSO, NICHOLAS J	4.1 TITLE	
NAME	15634 TELEGRAPH DR.	4.2 NAME	
STREET ADDRESS	FOUNTAIN HILLS AZ	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 \_\_\_\_\_

CR2E034 (4/97)