FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUN 1. Corporation	MENT # P9400	00064995 (1))			
ENCHANTED APRIL NOW & THENINC.						
Principal Place of Business Mailing Address				I 10011601 110 (611) 0/6/1 00/11 (0/6)	HORIN ORDIN BUILDING	I UEULO JUPAL DEIL UPAL
840 EAST OAKLAND PARK BOULEVARD SUITE #112 FT. LAUDERDALE FL 33334		840 EAST OAKLAND PARK BOULEVARD SUITE #112 FT. LAUDERDALE FL 33334		Date Incorporated or Qualified		
				08/29/1994	05/01/	1995
2. Principal Pla 21	 	2a. Mailing Address 26 /346/ N. u	1.35t, C-1	4. FEI Number 65-05 19255		Applied For Not Applicable
Suite, Apt #, etc.		Suite, Apt. #, etc 27		5. Certificate of Status Desired	1 1	.75 Additional ee Required
City & State		City & State 28 Plant ati	on FL	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24	Country 25	20 23324	Country Country	8. This corporation has liability for i		
24]	g Name and Address of Curre	ent Registered Agent	30 150000-9	10. Name and Address of New R		
			81 Name			
LIPSKE,	SUSAN		82 Street Addr	ess (P.O. Box Number is Not Acceptab	ile)	
12461 NW 3RD ST C-1					- -	
PLANTA	TION FL 33325		83			
			84 City FL 85 Zip Code			Zip Code
11. Pursuant to	o the provisions of Sections 607.050	02 and 607,1508, Florida Statute	s. the above-named corpor	ation submits this statement for the pur rd of directors. Thereby accept the appr		its registered office
or registere familiar with	ed agent, or both, in the State of Flo h, and accept the obligations of, Sec	rida. Such change was authorize ction 607.0505. Florida Statutes.	d by the corporation's boa	rd of directors. Thereby accept the appr	óintment as régiste	ered ägent I am
SIGNATURE						
12.	Styrature types or printed name, of registered age	rcard to Tappingole (NOT ND DIRECTORS	r. Bigstered Apeni signature resurro		CA'L	2707011140
TITLE	PVP	DELETE	13.	ADDITIONS/CHANGES TO OFF	CERS AND DIREC	
NAME	MILLER, LAURIE	—	· 2 NAME			• -
STREET ADDRESS	514 NW 97TH AVE		1 3 STREET ADDRESS			
CITY - ST - ZIP	PLANTATION FL		14 CITY ST ZIP			
TOTLE	S	☐ DELFTE	2 1 THUE		☐ Cnar	ige 🔲 Addition
NAME	LIPSKE, SUSAN		2.2 NAME			
STREET ADDRESS	12461 NW 3RD ST C-1		2.3 STREET ADDRESS			
CITY-ST-ZIP	PLANTATION FL	F3.06.56	2 4 CITY - ST - ZIP			
TITLE		☐ DELETÉ	3 1 TILE		☐ Char	nge 📑 Addilion 📗
NAME CENSSE ADDRESS			3 2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP TITLE		☐ DELETE	3.4 CHY - S* - Z#P		Cha	nge Addition
NAME		<u></u>	4.2 NAME			, , , , , , , ,
STREET ADDRESS			4.3 STREET ADORESS			
CITY-ST-ZIP			4.4 CITY - ST - ZIP			
TITLE		DEFEIF	5 1 TITLE		[] Char	nge 🔲 Addition
NAME			5 2 NAME			
STREET ADDRESS			5 3 STREET ADDRESS			
CITY-ST-Z-P			5 4 CITY - S1 - ZIP			
TITLE		☐ DELETE	6 1 TITLE		Cha	nge 🔲 Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP	good that the information and a	durite this fires a continue of the	6 4 CITY - ST - 7IP	for the community of the Control of the	OZOVA FIELD O	

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)(x). 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: Susan Susan Susan Signing Officer of Director

6-30-96 954. 548-6311