

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Feb 27 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 # P94000069059 (1)

1. Corporation Name
INVINCIBLE ENTERPRISES, INC.



Principal Place of Business
9765 ERICA COURT
BOCA RATON FL 33496

Mailing Address
9765 ERICA COURT
BOCA RATON FL 33496-1942

3. Date Incorporated or Qualified
09/18/1994

3a. Date of Last Report
05/01/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 9722 ERICA CT	26 Suite, Apt. #, etc.	65-0581215	Not Applicable
22 Suite, Apt. #, etc.	27 City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 BOCA RATON	28 City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 Zip 33496	29 Country USA	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes No

9. Name and Address of Current Registered Agent

SILVERS, BILL
9765 ERICA COURT
BOCA RATON FL 33496

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
9722 ERICA CT
83
84 City BOCA RATON FL 85 Zip Code 33496

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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVERS, BILL	1.2 NAME	ADDRESS ONLY
STREET ADDRESS	9765 ERICA COURT	1.3 STREET ADDRESS	9722 ERICA CT
CITY-ST-ZIP	BOCA RATON FL 33496	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPINAZZE, JOHN	2.2 NAME	ADDRESS ONLY
STREET ADDRESS	9765 ERICA COURT	2.3 STREET ADDRESS	9722 ERICA CT
CITY-ST-ZIP	BOCA RATON FL 33496	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____

John Spinazze, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/97 561-998-0211
Date Daytime Phone #

0340551

CR2E034 (9/96)