

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAY -1 AM 8:15

DOCUMENT # P94000083396 (9)

1. Corporation Name

ENB INVESTMENT SERVICES, INC.

Principal Office or Business

**4190 BELFORT RD.
SUITE 100
JACKSONVILLE FL 32216**

Agent's Address

**4190 BELFORT RD.
SUITE 100
JACKSONVILLE FL 32216**

(Do Not Write In This Space)

3. Date of Incorporation or Qualification

3a. Date of Last Report

11/07/1994

2. Agent's Signature

21

2b. Agent's Address

26

4. FIC Number

59-3279005

Applied For

Not Applicable

5. Certificate of Status Desired

22

27

X

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

23

28

Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

7. This corporation has liability for intangible tax under S. 190.01, Florida Statutes

24

25

29

30

X

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FRAZIER, W R
1515 RIVERSIDE AVE.
SUITE A
JACKSONVILLE FL 32204**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83

84

FL

85

24. Code

11. I, the undersigned, being a resident of this state, do hereby certify that the above is a true and correct copy of the information required by law to be filed with the Department of State, and that the same is true and correct as the same appears in the records of the Department of State.

Not a Resident

12. I, the undersigned, being a resident of this state, do hereby certify that the above is a true and correct copy of the information required by law to be filed with the Department of State, and that the same is true and correct as the same appears in the records of the Department of State.

**D
BROWN, BENNETT
4190 BELFORT RD., SUITE 100
JACKSONVILLE FL 32216**

**D
BELLAMY, R A
4190 BELFORT RD., SUITE 100
JACKSONVILLE FL 32216**

**D
FRAZIER, W R
1515 RIVERSIDE AVE., SUITE A
JACKSONVILLE FL 32204**

13. ADDITIONAL CHANGES TO THE ABOVE INFORMATION

1. Name

2. Name

3. Name

4. Name

5. Name

6. Name

7. Name

8. Name

9. Name

10. Name

11. Name

12. Name

13. Name

14. Name

15. Name

16. Name

17. Name

18. Name

19. Name

20. Name

21. Name

22. Name

23. Name

24. Name

14. I, the undersigned, being a resident of this state, do hereby certify that the above is a true and correct copy of the information required by law to be filed with the Department of State, and that the same is true and correct as the same appears in the records of the Department of State.

SIGNATURE:

Bennett Brown

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/95

904-216-2265