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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000
1. Corporation Name
ENB INVESTMENT SERVICES, INC. P94000083396 (9)

Principal Place of Business 4190 BELFORT RD.

SUITE 100 JACKBONVILLE FL 32216 Mailing Address

4190 BELFORT RD.

SUITE 100

JACKSONVILLE FL 32216-5871

FILED								
May 06 1997 8:00am								
Secretary of State								



						3. Date Incorporated or Qualified 11/07/1994 3a. Date of Last Report 03/19/1996					
2. Principal Pl	lace of Business	2a. Mai	2a. Mailing Address				4. FEI Number	1	Applied For		
21		26					59-3279005		Not Applicable		
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				S8 75 Additional				
22		27	27				5. Certificate of Status Dosired Fee Required				
City & State	е	City	City & State				Election Campaign Financing \$5.00 May Be				
23		28	28				Trust Fund Contribution Added to Fees				
Zip	Country	Zip	Zip Country				8. This corporation has liability for intangible tax under s. 199.032,				
24	25	29					Florida Statutes 🔲 Yes 👿 No				
	9. Name and Address of Currer	nt Registere	d Agent		- 		10. Name and Address of New Reg	Istered Agent			
transmitters:						81 Name					
1515 RIVERSIDE AVE. Suite a					82 Street Address (P.O. Box Number is Not Acceptable)						
JAC	CK80NVILLE FL 32204			83	83						
				84	City		85 Zip Code				
				"	City			FL °°	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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.											
SIGNATURE	Signature, typed or printed name of registered agr	or and tile days	e aldo ARCII	- Bredistand Ar	and signal vi	c required	when reinstating)	DATE			
12.	OFFICERS AN			13.	Bent Signature	C LEGULET	ADDITIONS/CHANGES TO OFFICE		CTORS IN 12		
TITLE	D		DITE	1.1 10716		7		Cha			
NAME	Brown, Bennett			1.2 NAME					•		
STREET ADDRESS	4190 BELFORT RD., SUITE 1	00			1 AUDRESS						
CITY-ST-ZIP	JACKSONVILLE FL 32216			1.4 CiTY-							
TITLE	D		DELETE	2.1 TITLE	21.11.	 		Cha	ange T Addition		
NAME	BELLAMY, R A			2.2 NAME					mgo [] risamon		
STREET ADDRESS	4190 BELFORT RD., SUITE 1	100	^ B		Librarios	1			}		
	JACKSONVILLE FL 32216				2.3 STREET ADDRESS 2.4 CITY+ST-ZIP						
CITY-ST-ZIP TITLE	D		DELETE	3.4 UHY-	51 - 70'	+		Cha	ange T Addition		
	FRAZIER, W R		L.) bittit						inge [_] Addition		
NAME	1515 RIVERSIDE AVE., SUITE	: A		3 2 NAME							
STREET ADDRESS	JACKSONVILLE FL 32204	· ^			T ADDRESS	1			İ		
CITY-ST-ZIP	UNONSOTTILEE 1 E SEZOT		DELETE	3.4 CITY -	S1 - 74P	1-1-		Cha	ange 📉 Addition		
TITLE			L. J DELETE			V	1 1 2		inge par Addition		
NAME				4 2 NAMI		Mi	chael A. Bean south 20th STREET				
STREET ADDRESS				1	LADDRESS	/5	SOUTH COTH STREET		ļ		
CITY-ST-ZIP			. The printer	4.4 C/1Y	\$1 · 71P	<u>B.</u>	RMINGHAM, Al 352		TT Addition		
TITLE			☐ DELETE	5.1 Trtt F				L Cha	ange [_] Addition		
NAME				5.2 NAM(
STREET ADDRESS				5.3 STHEE	1 ADDRESS						
CITY-ST-ZIP				5.4 CITY -	\$1 · 7(P	<u> </u>					
TITLE			DELETE	6.1 11716		1		∟ Cha	ange L_ Addition		
NAME				6.2 NAME							
STREET ADDRESS				6.3 S1HE	LAUDRESS						
CITY-ST-ZIP				6.4 GHY-							
informatio	in indicated on this annual report or s	supplementa The receiver	Lännual report is t For trusted empow	rue and acc ered to exe	curate and	d that m	n Section 119.07(3)(i), Florida Statutes ny signaturo shall have the same legal as required by Chapter 607, Florida St	effect as if mad	le under oath; that		