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PROFIT CORPORATION **ANNUAL REPORT**

1998



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000083396 (9)

ENB INVESTMENT SERVICES, INC.

FILED May 13 1998 8:00am Secretary of State

Principal Place of Business Mailing Address							T TERNINAN NIR HANN ANN MANK DANN ARKIT ARADI NAN	16 111 60 11110 1	AND CIK IDE
SUITE 100 SUIT			90 Belfort Rd. Jite 100 ICKSONVILLE FL 32216				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
							11/07/1994		
2. Principal Place of Business 2a. Mailing Address 21						•	4, FEI Number 59-3279005	— — — —	pplied For lot Applicable
Suite, Apt. #, etc. Suita, Apt. #, etc.									Additional
22						5. Certificate of Status Desired	,	Required	
City & State			City & State				6. Efection Campaign Financing Trust Fund Contribution		May Be I to Fees
Zip	Country Zip			Cou	intry	•	8. This corporation owes or has paid the current year Intangible		
24				30	<u> </u>			□ No	
F.D.		ss of Current Regist	tered Agent		81	Name	10. Name and Address of New Registered	Agent	
FRAZIER, W R 1515 RIVERSIDE AVE.									
SUITE A					82	Street Add	dress (P.O. Box Number is Not Acceptable)		
JACKSONMILLE FL 32204					83	· · · · · · · · · · · · · · · · · · ·			
					84	035		1221 3	
						City	FL	. '	Code
i Ource our	to the provisions of Socti registered agent, or both im familiar with, and acco	, in the State of Horio	ia. Such change wa	is authorize	a by	rtne corpora	poration submits this statement for the purpose ol ation's board of directors. I hereby accept the app	changing i ointment as	its registered registered
Old With Cities	Signature, typed or printed name			VOTE: Registered	d Age	ni signature requ	ired when reinstating) DATE		
12.	OF	FICERS AND DIREC	TORS DELETE	13.			ADDITIONS/CHANGES TO OFFICERS AND		
NAME	BROWN, BENNETT	•	LJ DELETE	1.1 10				☐ Change	☐ Addition
	STREET ADDRESS 4190 BELFORT RD., SUITE 100				1.2 NAME 1.3 STREET ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL			1.4 CI					[1
TITLE	D		DELETE	21 11		1-211		Change	Addition
NAME	BELLAMY, R A			2.2 NA	ME				_
STREET ADDRESS	4190 BELFORT RD			2.3 STREET ADDRESS		ADDRESS			!
CITY-ST-ZIP	JACKSONVILLE FL	32216		2. 4 C	ITY-S	1- ZIP			
TITLE	D COATICO W.D		☐ DELETE	3.1 Til		Ì		Change	Addition
NAME CTOCCT ADODCCC	FRAZIER, W R 1515 RIVERSIDE A	VE SHITE A		3.2 NA					
STREET ADDRESS CITY-ST-ZIP	JACKSONVILLE FL			3.3 STREET ADDRESS 3.4 CITY-ST-ZIP					
TITLE	V		DELETE	DELETE 4.1 TIT		I - ZIP		Change	Addition
NAME	BEAN, MICHAEL A			4.2 N				onange	C Recition
STREET ADDRESS	15 SOUTH 20TH S			- 1		ADDRESS			
City-St-ZIP	BIRMINGHAM AL			4 4 CI	TY- \$1	r-ZIP			i
TITLE			DELETE	5.1 TIT	LE		7	☐ Change	Addition
NAME				5.2 NA	ME	1			
STREET ADDRESS						ADDRESS			
CITY-ST-ZIP	OF TOOL		☐ D€LETE	5.4 CIT		- ZIP		<u> </u>	14.100
TITLE NAME			☐ btitlt	61 TIT				Change	☐ Addition
STREET ADDRESS				6.2 NA		ADDDECC			
CITY-ST-ZIP						ADDRESS .			
	ertify that the information	supplied with this fil	ing does not qualify	6.4 CIT			Section 110 07(9)(i) Florida Statutos I further as	ald a blood bloo	information

Thereby certify that the information supplied with this hing does not qualify for the exemption stated in Section 119.07(3)(1), 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 attach print, with an address.