

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

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Mar 13 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 # P95000016988 (4)

1. Corporation Name  
E.N.R., LIMITED, INC.



Principal Place of Business  
3551 W. LAKE MARY BLVD.  
210  
LAKE MARY FL 32746

Mailing Address  
3551 W. LAKE MARY BLVD.  
210  
LAKE MARY FL 32746-3460

3. Date Incorporated or Qualified 03/01/1995  
3a. Date of Last Report 04/20/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 3575 W. LAKE MARY BLVD. Suite, Apt. #, etc	25 3575 W. LAKE MARY BLVD. Suite, Apt. #, etc	59-3302050	Not Applicable
22 SUITE 107 City & State	27 SUITE 107 City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 LAKE MARY, FL. Zip	28 LAKE MARY, FL. Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 32746 Country	29 32746 Country	30 USA	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes
			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent  
F & L CORP  
200 LAURA STREET  
JACKSONVILLE FL 32201-0240

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code  
FL

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

TITLE	P	<input type="checkbox"/> DELETE
NAME	RIPPER, ELDER N.	
STREET ADDRESS	3551 W. LAKE MARY BLVD., 210	
CITY - ST - ZIP	LAKE MARY FL 32746	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	3575 W. LAKE MARY BLVD., SUITE 107
14 CITY - ST - ZIP	LAKE MARY, FL. 32746
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information submitted 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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR25034 (9/96)