

FILE NOW: FILING FEE AFTER MAY 1 IS \$25.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000018972 (6)

1. Corporation Name

ENSING ENTERPRISES CORP.



Principal Place of Business

7503 N. FLORIDA AVE.  
CITRUS SPRINGS FL 34434

Mailing Address

7503 N. FLORIDA AVE.  
CITRUS SPRINGS FL 34434

2. Principal Place of Business

21 7503 N. Florida Ave

Suite, Apt. #, etc.

22

City & State  
23 Citrus Springs, Fla

Zip  
24 34434

Country  
25 Citrus

2a. Mailing Address

26 SAME

Suite, Apt. #, etc.

27

City & State  
28

Zip  
29

30

9. Name and Address of Current Registered Agent

CENCEBAUGH, SANDRA  
960 - 41 STREET SUITE 401  
MIAMI BEACH FL 33140

3. Date Incorporated or Qualified

03/08/1995

3a. Date of Last Report

N/A

4. FEI Number

59-3361138

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution



\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes



Yes No

10. Name and Address of New Registered Agent

1. Name

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

3.

4. City

FL

85 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature: typed or printed name of registered agent and title if applicable.

(NOTE: Registered agent signature required when requested.)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME ENSING, MARTHA S

STREET ADDRESS 5500 N. LAMP POST DRIVE

CITY - ST - ZIP BEVERLY HILLS FL 34405

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE

P

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

3642 W. DAFFODIL DR.  
BEVERLY HILLS, FL. 34465

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, changed, or on an attachment with an address.

SIGNATURE:

Martina S. Ensing

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/96

(352) 465-7777

Date

Daytime Phone

CR2E034 (12/95)