

FILE NOW: FILING FEE AFTER MAY 1 IS \$5.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000028894 (0)

1. Corporation Name

ENABLING DESIGNS, INC.



Principal Place of Business

6205 SPANISH MAIN DRIVE
APOLLO BEACH FL 33572

Mailing Address

6205 SPANISH MAIN DRIVE
APOLLO BEACH FL 33572

3. Date Incorporated or Qualified

04/12/1995

3a. Date of Last Report

2. Principal Place of Business

21 205 Apollo Beach Blvd.

2a. Mailing Address

26 205 Apollo Beach Blvd.

4. FEI Number

59-3309503

Applied For

Not Applicable

Suite, Apt. #, etc.

22 Suite 114

Suite, Apt. #, etc.

27 Suite #114

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

23 Apollo Beach, FL

City & State

28 Apollo Beach, FL

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

Zip

24 33572

Country

25 USA

Zip

29 33572

Country

30 USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FAUST, MARTHA A
6305 SPANISH MAIN DRIVE
APOLLO BEACH FL 33572

10. Name and Address of New Registered Agent

81 Name

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

83

84 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

Martha Faust - President

Martha Faust

4-30-96

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

(NOTE: Registered agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME FAUST, MARTHA ANN
STREET ADDRESS 6205 SPANISH MAIN DRIVE
CITY-ST-ZIP APOLLO BEACH FL 33572

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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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

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
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 if changed, or in an attachment with an address.

SIGNATURE:

Martha Faust

Martha A. Faust

30 Apr 96

813-645-6613

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)