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Mar 31 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 # P95000055534 (8)

1. Corporation Name
ENC HOLDINGS, INC.

Principal Place of Business

13211 SW 85 ST-RO
MIAMI FL 33183

Mailing Address

13211 SW 85 ST-RO
MIAMI FL 33183-4156



2. Principal Place of Business		2a. Mailing Address	
21 240 Woodcrest Rd.	26 240 Woodcrest Rd.		
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.	
23 City & State Key Biscayne, Florida		28 City & State Key Biscayne, Florida	
24 Zip 33149	25 Country U.S.	29 Zip 33149	30 Country U.S.

3. Date Incorporated or Qualified 07/18/1995	3a. Date of Last Report 05/31/1996
4. FEI Number 65-0644658	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

KELLY, LORENZO J
240 WOODCREST RD
KEY BISCAYNE FL 33149

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

Signature of type of registered agent and title applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLY, MAX B	1.2 NAME	
STREET ADDRESS	13211 SW 85 ST-RO	1.3 STREET ADDRESS	
CITY- ST- ZIP	MIAMI FL 33183	1.4 CITY- ST- ZIP	
TITLE	DVTS	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	F480717	2.2 NAME	KELLY, LORENZO
STREET ADDRESS	240 WOODCREST RD	2.3 STREET ADDRESS	240 WOODCREST RD
CITY- ST- ZIP	KEY BISCAYNE FL	2.4 CITY- ST- ZIP	KEY BISCAYNE FL
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY- ST- ZIP		3.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied 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:

Lorenzo J. Kelly
LORENZO J. Kelly

03/24/97

Date

305 361 5725

Daytime Phone #

0248217

CR2E034 (9/96)