FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # P95000086899 (8) D&C'S ENIGMA, INC.						
Principal Place	of Rusiness	Mailing Address				.(181 10148 10110 1011 1001
4513 WATROUS AVENUE 4513 WATROUS AVENUE			lE .			
		TAMPA FL 33609	'-			
				Date Incorporated or Qualified 11/13/1995	3a. Date of	Last Report
2. Principal Pla	ice of Business	2a. Mailing Address		4. FEI Number		Applied For
1		26		,		Not Applicable
Suite, Apt. #	ŧ, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	×	\$8.75 Additional Fee Required
2 City & State		Crty & State		6. Election Campaign Financing		\$5.00 May Be
3		28	.,	Trust Fund Contribution		Added to Fees
- <i>Z</i> ip .1	Country	Zip	Country	This corporation has liability for Florida Statutes	rintangible tax i s No	under s. 199.032,
·	9. Name and Address of Curre	29 Agent	30	10. Name and Address of New		ent
% OLGA 1 501 E. KE TAMPA FI	ENNEDY BLVD.SUITE 1700 L 33602		83 84 City 1	ess (P.O. Box Number is Not Accepta 513 VLD TROUS DIFFUL DMPD	FL.	85 Zip Code 33629
or register familiar wit SIGNATURE	ed agent, or both, in the State of Flor th, and accept the obligations of, Sec Zulucul E Country (Signature by ed or nor ted hame of resilvered agen	ida. Such change was authori ation 607,0505, Florida Statute	zed by the corporation's boa	ration submits this statement for the purd of directors. I hereby accept the application of directors and the purd of directors. I hereby accept the application of directors and the purd of the purd	DUDBY 19	ogistered agent. I am
12. Till!	D OFFICERS AF	DELETE	1. 1 TITLE	ADDITIONS/CHANGES TO CI		Change Addition
NAME	GOERLICH, RICHARD E JR	_	1.2 NAME			
STREET ADDRESS	4513 WATROUS AVENUE		1.3 STREET ADDRESS			
CITY - S1 - ZIP	TAMPA FL 33607	□ DELETE	1.4 CITY - ST - ZIP			Change
T TEF NAME	D Goerlich, Nancy C		2 1 TITLF 2 2 NAME		ب	Change Madition
sthee" address	4513 WATROUS AVENUE		23 STREET ADDRESS			
DITY - ST - ZIP	TAMPA FL 33607		2 4 CITY- ST-ZIP			
TIFLE		☐ DELETE	3 1 TITLE			Change Addition
1MAI			3.2 NAME		•	
STREET ADDRESS			3 3 STREET ADDRESS			
CHY-ST-ZIP Title	ļ	DELETE	3 4 C(TY - ST - ZIP 4. 1 TITLE			Change Addition
NAME			4.2 NAME			
STHEET ADDRESS			4.3 STREET ADDRESS			
CIRY SI-ZIP			44 CITY-ST-ZIP			
111LF		☐ DELETE	5 1 TITLE			Change Addition
NAME			5 2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CHY-SI-716		DELETE	5.4 CITY - ST - ZIP 6 1 TITLE			Change
TIFLE * 084:			6.2 NAME		النبا	The state of
NAME STREET ADDRESS			6.2 NAME 6.3 STREET ADDRESS			
City-St-7iP			6 4 CITY - ST - ZIP			
14 Ldo beret	by certify that the information supplied	i with this filing is voluntarily fu	roished and does not qualify	for the exemption stated in Section 11	9.07(3)(k), Flori	da Statutes. I further
14. I do hereb certify tha cath; that	it the information indicated on this an	nual report or supplemental ar poration or the receiver or trus	rnished and does not qualify noual report is true and accur tee empowered to execute the	for the exemption stated in Section 11 ate and that my signature shall have the ais report as required by Chapter 607,	ne same legal e	rrect as it made und

SIGNATURE: PLLO DE CALLED PICTOR DE GOERUCO DE 17 JANUARY 1996 (813)831-7919

SIGNATURE PLANT TYPEO OR PRINTION NAME OF SIGNING OFFICER OR DIRECTOR

Despire Prome P