

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

FILED  
Jun 10 1997 8:00am  
Secretary of State

|   |   |   |
|---|---|---|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **P95000097340 (0)**

1. Corporation Name

**TEX ENTERPRISES, INC.**



|   |  |
|---|--|
| Principal Place of Business<br><b>2504-A WEST TEXAS AVENUE<br/>TAMPA FL 33629</b> | Mailing Address<br><b>2504-A WEST TEXAS AVENUE<br/>TAMPA FL 33629-6223</b> |
|---|--|

|                                |                     |                     |                     |   |  |
|--------------------------------|---------------------|---------------------|---------------------|---|--|
| 2. Principal Place of Business |                     | 2a. Mailing Address |                     | 3. Date Incorporated or Qualified<br><b>01/01/1996</b>  | 3a. Date of Last Report  |
| 21                             |                     | 26                  |                     | 4. FEI Number<br><b>APPLIED FOR.</b>  | <input checked="" type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |
| 22                             | Suite, Apt. #, etc. | 27                  | Suite, Apt. #, etc. | 5. Certificate of Status Desired <input type="checkbox"/>   | <b>\$8.75 Additional Fee Required</b>  |
| 23                             | City & State        | 28                  | City & State        | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>  | <b>\$5.00 May Be Added to Fees</b>   |
| 24                             | Zip                 | 29                  | Zip                 | 7. This corporation has liability for intangible tax under s. 199.032,<br>Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| 25                             | Country             | 30                  | Country             |   |  |

9. Name and Address of Current Registered Agent

**EHRENPREIS, STEVE  
2504-A WEST TEXAS AVENUE  
TAMPA FL 33629**

10. Name and Address of New Registered Agent

|   |                             |
|---|-----------------------------|
| 81 Name   | <b>ZIMRING, LISA</b>        |
| 82 Street Address (P.O. Box Number is Not Acceptable) | <b>2504-A W. TEXAS AVE.</b> |
| 83  |                             |
| 84 City   | <b>TAMPA</b>                |
| 85 FL   | <b>33629</b>                |

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]* **Lisa Zimring** DATE **5/30/97**

|                            |                                 |   |                              |
|----------------------------|---------------------------------|---|------------------------------|
| 12. OFFICERS AND DIRECTORS |                                 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                              |
| TITLE                      | <b>D</b>                        | 1.1 TITLE   | <b>PRES.</b>                 |
| NAME                       | <b>EHRENPREIS, STEVE</b>        | 1.2 NAME  | <b>LISA ZIMRING</b>          |
| STREET ADDRESS             | <b>2504-A WEST TEXAS AVENUE</b> | 1.3 STREET ADDRESS                                    | <b>2504-A WEST AVE.</b>      |
| CITY-ST-ZIP                | <b>TAMPA FL 33629</b>           | 1.4 CITY-ST-ZIP                                       | <b>TAMPA, FL. 33629.</b>     |
| TITLE                      |                                 | 2.1 TITLE   |                              |
| NAME                       |                                 | 2.2 NAME  |                              |
| STREET ADDRESS             |                                 | 2.3 STREET ADDRESS                                    |                              |
| CITY-ST-ZIP                |                                 | 2.4 CITY-ST-ZIP                                       |                              |
| TITLE                      |                                 | 3.1 TITLE   |                              |
| NAME                       |                                 | 3.2 NAME  |                              |
| STREET ADDRESS             |                                 | 3.3 STREET ADDRESS                                    |                              |
| CITY-ST-ZIP                |                                 | 3.4 CITY-ST-ZIP                                       |                              |
| TITLE                      |                                 | 4.1 TITLE   |                              |
| NAME                       |                                 | 4.2 NAME  |                              |
| STREET ADDRESS             |                                 | 4.3 STREET ADDRESS                                    |                              |
| CITY-ST-ZIP                |                                 | 4.4 CITY-ST-ZIP                                       |                              |
| TITLE                      |                                 | 5.1 TITLE   |                              |
| NAME                       |                                 | 5.2 NAME  | <b>3000002209633</b>         |
| STREET ADDRESS             |                                 | 5.3 STREET ADDRESS                                    | <b>-06/12/97--01002--005</b> |
| CITY-ST-ZIP                |                                 | 5.4 CITY-ST-ZIP                                       | <b>***550.00</b>             |
| TITLE                      |                                 | 6.1 TITLE   |                              |
| 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. **LISA ZIMRING**

SIGNATURE: *[Signature]* **LISA ZIMRING** DATE **5/30/97** **8/3822-0420**

CR2E034 (9/96)