

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90037 048 ***158.75

DOCUMENT # P96000016277

1. Corporation Name

ENTERPRISE 96, INC.

Principal Place of Business

2350 N.E. 14 ST. CAUSEWAY
#304
POMPANO BEACH FL 33012
US

Mailing Address

2350 N.W. 14 ST. CAUSEWAY
#304
POMPANO BEACH FL 33012
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/19/1996

4. FEI Number

65-0645954

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 owes the current year Intangible
Personal Property Tax.



No

9. Name and Address of Current Registered Agent

MALLOGGI, ANTHONY
2350 N.E. 14 ST CAUSEWAY
#304
POMPANO BEACH FL 33062

10. Name and Address of New Registered Agent

81 Name SAVERIO MALLOGGI
82 Street Address (P.O. Box Number is Not Acceptable)
83 2350 NE 14 ST. CSWY #: 304
84 City POMPANO BEACH, FL 85 Zip Code 33062

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

Saverio Malloggi

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------|--|
| TITLE | PVST | <input checked="" type="checkbox"/> DELETE |
| NAME | MALLOGGI, ANTHONY | |
| STREET ADDRESS | 70 MIRACLE MILE | |
| CITY-ST-ZIP | CORAL GABLES FL 33134 | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | MALLOGGI, ANTHONY | |
| STREET ADDRESS | 70 MIRACLE MILE | |
| CITY-ST-ZIP | CORAL GABLES FL 33134 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|----------------------------|--|
| 1.1 TITLE | P. | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | SAVERIO MALLOGGI | |
| 1.3 STREET ADDRESS | 2350 NE 14 ST. CSWY #. 304 | |
| 1.4 CITY-ST-ZIP | POMPANO-BCH. FL. 33062 | |
| 2.1 TITLE | P.V.S. | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | SAVERIO MALLOGGI | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

14. I 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, with all other like empowered.

SIGNATURE

Saverio Malloggi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH 16, 1999

Date

Daytime Phone #

CR2E034 (1/198)

0156358