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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

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Feb 06 1997 8:00am

Secretary of State

Daytime Prione il

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000022618 (8)

ENABLE MAGAZINE, INC.

appears in Block 12 or Block 13 if changed

SIGNATURE AND TYPED OR

SIGNATURE:

Principal Place of Business Mailing Address 101 RIVERFRONT BLVD. 101 RIVERFRONT BLVD. SUITE 700 SUITE 700 **BRADENTON FL 34205-8849** BRADENTON FL 34205-8802 3. Date Incorporated or Qualified 3a. Date of Last Report 03/12/1996 2. Principal Prace of Business 2a. Mailing Address 4. FEI Number Applied For 3657 COETEZ RD. W. Suite, Apt. #, etc. 3657 CORTEZ RD. W. 65-*0*6*5*3935 Not Applicable Suite, Apt #, etc \$8.75 Additional 5. Certificate of Status Desired STE. 120 STE. Fee Required City & State 6. Election Campaign Financing \$5.00 May Be BRADE BRADENTO Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No 34210 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent WATSON, LEE A III 81 BOV, LEE 3840 MARINERS WAY Address (P.O. Box Number is Not Acceptable) 82 SUITE 522A CORTEZ FL 34215 83 84 Zip Code **3**好み/こ 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. Lam familiar with, and accept the obligations of, Section 607.0505. Florida Statutes. SIGNATURE Signature Typed or printed name of registered agent and title if approable (NOTE: Registered Agent signature required when re-instating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PRES/SEC/TREAS DELETE TITLE 1.1 TITLE Change Addition NAME LEEA.WATSON 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-7/P 1.4 CITY - ST - ZIP MILE 21 TITLE Change ■ Addition NAME 2.2 NAME STREET ADORESS 2.3 STREET ADDRESS CITY - ST- ZIP 2. 4 CITY - ST- ZIP DELETE TITLE 3.1 TITLE Change Addition NALIF 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE ☐ Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST - ZIP THILE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE 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 physics empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

with an address.

AME OF SIGNING OFFICER OR DIRECTOR