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

**PROFIT CORPORATION ANNUAL REPORT** 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

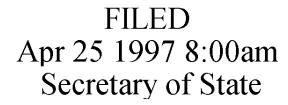
Secretary of State DIVISION OF CORPORATIONS

## POCUMENT # P96000024506 (3)

INGENOSO ENTERPRISES, INC.

Principal	Place of	Business

Mailing Address





5949 TRIPHAMMER RD LAKE WORTH FL 39463			5949 TRIPHAMMER RD LAKE WORTH FL 33463-1528				
					3. Date Incorporated or Qualified 03/14/1996	3a. Date of Last	Report CABLC
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26	<u> </u>		65-0654818		Not Applicable
Suite, Apt. #, etc.		27	·		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	State City & State 28				Election Campaign Financing     Trust Fund Contribution		0 May Be d to Fees
Zip	Country	Zip	Cou	ntry	8. This corporation has liability for i		s. 199.032,
24	9. Name and Address of Curre	29   nt Registered Agent	30	<del></del>	Florida Statutes  10. Name and Address of New Re	Yes X No	
ING	ENOSO, ANTHONY	The graterous regular		81 Name	TO. Hame and Address of New Yor	giotorea Agent	
	9 TRIPHAMMER RD				/0.0 B		
	E WORTH FL 33463			82 Street Add	dress (P.O. Box Number is Not Acceptab	ole) 	
				00			
			ľ	84 City		FL 85 Zip	o Code
11. Pursuant office or reagent. I a	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	02 and 607.1508, Florida S e of Florida. Such change v pations of, Section 607.050	Statutes, the abwas authorized 5, Florida Stati	ove-named cor I by the corpora utes.	poration submits this statement for the pation's board of directors. I hereby accept	purpose of changing of the appointment a	its registered is registered
SIGNATURE	Signature, typed or printed name of registered ag	and end tills if expensively	(NOTE Davietores	Accept cincolnes tors	uired when reinstating)	DATE	
12.		ND DIRECTORS	13.	Agent signature requ	ADDITIONS/CHANGES TO OFFIC		RS IN 12
TITLE	P\$	☐ DELFTE		LE		Change	
NAME	INGENOSO, ANTHONY		1.2 NA	ME			
STREET ADDRESS	5949 TRIPHAMMER RD		1.3 ST	REE1 ADDRESS			
CITY-ST-ZIP	LAKE WORTH FL 33463			Y-S1-Z(P			
TITLE		☐ DELETE				Change	Addition
NAME			2.2 NA				
STREET ADDRESS				REET ADDRESS			
CITY-ST-ZIP TITLE		DELETE		TY-ST-ZIP		[_] Change	Addition
NAME		[ DCCL.FE	3.1 III 3.2 NA			L Change	[] Addition
STREET ADDRESS				REET ADDRESS			
CITY-ST-ZIP				TY-S1-ZIP			
TITLE	DELLIE 4110					Change	Addition
NAME			4. 2 N/	AME		_	
STREET ADDRESS			4.3 S1	ree1 address			
CITY-ST-ZIP	194 Table 1			Y-ST-ZIP			
TITLE		☐ DELETE	5.1 111	L€		☐ Change	Addition
NAME			5.2 NA	ME			
STREET ADDRESS	,		5.3 ST	REET ADDRESS			
CITY-ST-ZIP				Y-\$1-ZIP			<del></del>
TITLE		☐ DELETE	6.1 Tri	LE		☐ Change	: Addition
NAME			6.2 NA				
STREET ADDRESS			6.3 \$1	REET ADDRESS			
CITY-ST-ZIP			6.4 CIT	Y-ST-ZIP			

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 to see empowered to secure 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 attacturent with an address