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Feb 08, 1999 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1999



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

02-08-1999 90040 033 ****150.00

DOCUMENT # P96000037095

1. Corporation Name
ENZO GIORDANO ENTERPRISES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 1365 N KILLIAN DRIVE LAKE PARK FL 33403
Mailing Address: 1365 N KILLIAN DRIVE LAKE PARK FL 33403

3. Date incorporated or Qualified: 04/30/1996
4. FEI Number: 65-0681289
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: Yes

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-sections for Suite, City & State, and Zip/Country.

9. Name and Address of Current Registered Agent
GIORDANO, VINCENZO
1365 N KILLIAN DRIVE
BAY A & B
LAKE PARK FL 33403

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and Zip Code.

11. Pursuant to the provisions of Sections 607.0505 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] DATE: 1/18/99

12. OFFICERS AND DIRECTORS table with columns for TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP, and a DELETE checkbox.

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 table with columns for 1.1-1.4 and 2.1-2.4, 3.1-3.4, 4.1-4.4, 5.1-5.4, 6.1-6.4, and checkboxes for Change and Addition.

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 its 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: [Signature] SIGNATURE REQUIRED DATE: 1/18/99 DAYTIME PHONE #: 561-881-4547

CR2E034 (1/98)