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

PROFIT
CORPORATION
ANNUAL REPORT
1997

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthan?

**FILED** 

May 28 1997 8:00am

Secretary of State

Change

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-06/06/97--01003--000

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # P96000091809 (9)

ENRO MANUFACTURING, INC.

Principal Place of Business Mailing Address				( 1881)481 ( C 1871)8 2111 2111 2111 2111 2111 2111 2111 2		
	E BOX 81925 H GARDENS FL 83420		OST OFFICE BOX 31825 ALM BEACH GARDENS F	L 33420-1925		
					3. Date Incorporated or Qualified 3a. Date of Last Report 11/06/1996	
2. Principal Place of Business			2a. Mailing Address		4. FEI Number Applied For	
21			26		65-0708096 Not Applicable	
Suite Ant # etc			Suite, Apt. #, etc.		5. Certificate of Status Desired  \$8.75 Additional	
Chill Chale			27		Fee Required	
City & State			City & State		6. Election Campaign Financing \$5.00 May Be	
Zip	Country	28	Zip	Country	Trust Fund Contribution	
24	25	29		30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	
	9. Name and Address of Curre			301	10. Name and Address of New Registered Agent	
SU Ak	77 JOG ROAD HTE <b>D5</b> IE WORTH FL 33467			560 83 Su 84 City West	G. Michael Martin  (ddress (P.O. Box Number is Not Acceptable)  Village Blvd.  ite 335  t Palm Beach  FL 85 Zip Code 33409	
SIGNATURE	W//a. # //	2/1		uthorized by the corporida Statutes.  Registered Agent signature in	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered oration when renstating)  DATE	
12.	OFFIGERS AN	D DIREC		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD		DELETE	1.1 TITLE	Change Addition	
NAME	MCKINNON, RICHARD E	NA		1.2 NAME		
STREET ADDRESS	LOGI OLLIOF DOV SISES			1.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS FL	33420		1.4 CHY-ST-ZIP		
TITLE	VD		☐ DELETE	2.1 TITLE	Change Addition	
NAME	HUET, DAVID P	JΑ		2.2 NAME		
STREET ADDRESS		Vit		2.3 STREET ADDRESS		
OITY-ST-EMP	BATON ROUGE LA 70835		DELETE	2. 4 CITY - ST- ZIP 3.1 TITLE	☐ Change ☐ Addition	
NÀME	MCKINNON, PRISCILLA		C Decert	3.1 TILLE 3.2 NAME	□ Change □ Abouton	
STREET ADDRESS		νA			•	
CITY-ST-ZIP	PALM BEACH GARDENS FL 3			3.3 STREET ADDRESS 3.4. CITY-ST-ZIP		
TITLE	TOTAL PROTOLI GRADEITO IC	7 16V	DELETE	4.1 TITLE	Change Addition	
NAME				4. 2 NAME	swage regulation	
STREET ADDRESS				4.3 STREET ADDRESS		
CITY-ST-ZIP				4.4 CITY - ST - ZIP	) 🔥	
TITLE	<u> </u>		DELETE	51 TITLE	Change Addition	
NAME				5.2 NAME	My My	

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.

Priscilla McKinnon

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE