

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

FILED
Mar 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S40748
1. Corporation Name
ENFIN ENTERPRISES, INC.

Principal Place of Business Mailing Address
1215 THOMASVILLE ROAD
TALLAHASSEE, FLORIDA 32303

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 3/26/91 3a. Date of Last Report MARCH 96 4. FEI Number 59-3055922 5. Certificate of Status Desired ☐ 6. Election Campaign Financing Trust Fund Contribution ☐ 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	☐ Applied For ☐ Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ERIC J G FAVIER
1215 THOMASVILLE ROAD
TALLAHASSEE, FL. 32303

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	ERIC J G FAVIER	1.2 NAME	
STREET ADDRESS	1215 THOMASVILLE ROAD	1.3 STREET ADDRESS	
CITY-STATE-ZIP	TALLAHASSEE, FL. 32303	1.4 CITY-STATE-ZIP	
TITLE	V.P., SECY ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	KAREN POKER COOLEY	2.2 NAME	
STREET ADDRESS	1215 THOMASVILLE ROAD	2.3 STREET ADDRESS	
CITY-STATE-ZIP	TALLAHASSEE, FL. 32303	2.4 CITY-STATE-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	700002120937
STREET ADDRESS		5.3 STREET ADDRESS	-03/21/97--01109--007
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	***165.00
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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 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.

SIGNATURE: _____

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/97 (904) 222-0936
Date Daytime Phone #

CR2E034 (9/96)