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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S44049

E.N.E. ENTERPRISES, INC.

FILED
Apr 30 1998 8:00am
Secretary of State

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Principal Place of Business 4070 ARROW WAY SUITE #2 SARASOTA FL 34232 US DO NOT WRITE IN THIS SPACE US 3. Date Incorporated or Qualified 04/08/1991 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied Suite, Apt. #, etc. Suite, Apt. #, etc. 27 City & State City & State City & State Zip Country Zip Country Zip Country A070 ARROW WAY SUITE #2 SARASOTA FL 34232 DO NOT WRITE IN THIS SPACE Applied 5. Date Incorporated or Qualified 04/08/1991 4. FEI Number Applied Solite, Apt. #, etc. 5. Certificate of Status Desired Fee Require 6. Election Campaign Financing Fee Require Added to Fee Suite, Apt. #, etc. Applied Solite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Solite, Apt. #, et	For icable
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28 Trust Fund Contribution Added to Fee	
• This corporation owed or has paid the directly durint your intensity of	э
24 25 29 30 Personal Property Tax due June 30.	
9, Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent	
ERICSON, LINDA E. 81 Name	
4070 ARROW WAY 82 Street Address (P.O. Box Number is Not Acceptable)	
SUITE #2	
SARA S OTA FL 34232	
84 City 85 Zip Code	
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 reg 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 regis agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE	red ——
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	2
TITLE P DELETE 1.1 TITLE Change	ddition
NAME ERICSON, LINDA E. 1.2 NAME	
STREET ADDRESS 4070 ARROW WAY 1.3 STREET ADDRESS	
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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 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 AND E. ELESAN

4-24-98 9413775362