

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S60647 (2)

1. Corporation Name
ENN & ESS ENTERPRISES, INC.



Principal Place of Business Mailing Address
PO BOX 492722 LEESBURG FL 34749-2722

3. Date Incorporated or Qualified **06/14/1991** 3a. Date of Last Report **04/20/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-3073838	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required	
22	City & State	27	City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees	
23	Zip	28	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
24	Country	29	Country			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SAYLOR, BRUCE A. 907 WEBSTER ST LEESBURG FL 34748				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City		
				FL	85	Zip Code	

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 _____ DATE _____
Signature, typed or printed name of registered agent and their applicable (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	DP
NAME	NANGIA, SUBHASH C.	1.2 NAME	NANGIA, SUBHASH C.
STREET ADDRESS	550 W. ROSEWOOD LN.	1.3 STREET ADDRESS	633 E ROSEWOOD LN
CITY-ST-ZIP	TAVARES FL	1.4 CITY-ST-ZIP	TAVARES FL
	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	D
TITLE	D	2.2 NAME	NANGIA, SUNITA
NAME	NANGIA, SUNITA	2.3 STREET ADDRESS	633 E ROSEWOOD LN
STREET ADDRESS	550 W. ROSEWOOD LN.	2.4 CITY-ST-ZIP	TAVARES FL
CITY-ST-ZIP	TAVARES FL		
	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	
TITLE		3.2 NAME	
NAME		3.3 STREET ADDRESS	
STREET ADDRESS		3.4 CITY-ST-ZIP	
CITY-ST-ZIP		4.1 TITLE	
	<input type="checkbox"/> DELETE	4.2 NAME	
TITLE		4.3 STREET ADDRESS	
NAME		4.4 CITY-ST-ZIP	
STREET ADDRESS		5.1 TITLE	
CITY-ST-ZIP		5.2 NAME	
	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS	
TITLE		5.4 CITY-ST-ZIP	
NAME		6.1 TITLE	
STREET ADDRESS		6.2 NAME	
CITY-ST-ZIP		6.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Subhash C. Nangia* **NANGIA, SUBHASH C.** 4/4/96 352-669-8633
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE TELEPHONE #

CR2E034 (12/95)