FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # V21265 (6)

1. Corporation Name
ENZO'S AT THE MARKETPLACE, INC.

Principal Place of Business	Mailing Address
7600 DR. PHILLIPS BLVD. STE. 12 ORLANDO FL 32819 US	1130 S. US HWY 1792 STE. 12 LONGWOOD FL 32750-5718 US

3. Date Incorporated or Qualified: 03/13/1992
3a. Date of Last Report: 02/14/1995
4. FEI Number: 59-3108162 — Applied For / Not Applicable

2. Principal Place of Business — 21 / Suite, Apt. #, etc — 22 / City & State — 23 / Zip — 24 / Country — 25

2a. Mailing Address — 26 / Suite, Apt. #, etc. — 27 / City & State — 28 / Zip — 29 / Country — 30

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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. **Name and Address of Current Registered Agent**

PERLINI, NAZZARENO
1130 S. HIGHWAY 17-92
LONGWOOD FL 32750

10. **Name and Address of New Registered Agent**
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 ________ Pres. [signature] DATE 4/29/96

Signature of registered agent ... (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	PERLINI, NAZZARENO	
STREET ADDRESS	1130 S. HIGHWAY 17-92	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	VSD	☐ DELETE
NAME	PERLINI, JOANNE	
STREET ADDRESS	1130 S. HIGHWAY 17-92	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	TD	☐ DELETE
NAME	ROSS, ELAINE M.	
STREET ADDRESS	5501 ALHAMBRA DR.	
CITY-ST-ZIP	ORLANDO FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP	000001829430	
5.1 TITLE	-05/20/96--01046--007	☐ Change ☐ Addition
5.2 NAME	***200.00	
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	5/16	☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: [signature] Vice Presid... 5/10/96 407 834 9687
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)

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