

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

**FILED**

**May 01 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 377986 (5)**

1. Corporation Name  
**ENTERPRISE LEASING COMPANY OF ORLANDO**



Principal Place of Business <b>7652 NARCOOSSEE ROAD  <del>600 CORPORATE PARK DR</del>                  ORLANDO FL 32822                  US</b>	Mailing Address <b>C/O JOHN T O'CONNELL                  800 CORPORATE PARK DRIVE                  ST LOUIS MO 63105-4204                  US</b>
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3. Date Incorporated or Qualified <b>02/24/1971</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>59-1356140</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business <b>7652 NARCOOSSEE ROAD</b> Suite, Apt. #, etc.	2a. Mailing Address Suite, Apt. #, etc.
22. City & State <b>ORLANDO, FL</b>	27. City & State
23. Zip <b>32822</b>	28. Zip
24. Country <b>US</b>	30. Country

9. Name and Address of Current Registered Agent

**SLAVIK, DENNIS W.  
 3909 W HILLSBOROUGH AVE  
 TAMPA FL 33614**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>PTD</b> <input type="checkbox"/> DELETE
NAME	<b>TAYLOR, A C</b>
STREET ADDRESS	<b>1147 LOG CABIN LANE</b>
CITY-ST-ZIP	<b>ST LOUIS, MO 00000</b>
TITLE	<b>VDS</b> <input type="checkbox"/> DELETE
NAME	<b>O'CONNELL, JOHN T</b>
STREET ADDRESS	<b>524 FOX RIDGE ROAD</b>
CITY-ST-ZIP	<b>ST LOUIS MO</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE
NAME	<b>ROSS, D L</b>
STREET ADDRESS	<b>49 MUIRFIELD</b>
CITY-ST-ZIP	<b>CREVE COEUR, MO 00000</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE
NAME	<b>ALLEN RICHARD G.</b>
STREET ADDRESS	<b>1024 TIDEWATER PLACE</b>
CITY-ST-ZIP	<b>ST LOUIS MO</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE
NAME	<b>BURRELL, JAMES D.</b>
STREET ADDRESS	<b>1161 VIA CAPRI</b>
CITY-ST-ZIP	<b>WINTER PRK FL</b>
TITLE	<b>AS</b> <input type="checkbox"/> DELETE
NAME	<b>LORTZ, WILLIAM C.</b>
STREET ADDRESS	<b>#2 OAKLEIGH LANE</b>
CITY-ST-ZIP	<b>ST LOUIS MO</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	<b>WINTER PARK, FL</b>
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: \_\_\_\_\_ DATE: **4/22/97** DAYTIME PHONE #: **314-512-5000**

CR2E034 (9/96)