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**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90042 043 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 377986

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



Principal Place of Business  
 7652 MARCOSSSEE ROAD  
 ORLANDO FL 32822  
 US

Mailing Address  
 C/O JOHN T O'CONNELL  
 600 CORPORATE PARK DRIVE  
 ST LOUIS MO 63105  
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**02/24/1971**

2. Principal Place of Business  
 21 130 University Park Drive

2a. Mailing Address  
 26 c/o Diane M. Huelsing

4. FEI Number  
**59-1356140**  
 Applied For Not Applicable

Suite, Apt. #, etc.  
 22 Suite 235

Suite, Apt. #, etc.  
 27 600 Corporate Park Drive

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

City & State  
 23 Winter Park, FL

City & State  
 28 St. Louis, MO

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

Zip Country  
 24 32792 25

Zip Country  
 29 63105 30

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
 1200 S PINE ISLAND RD  
 PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and title if applicable (NOT: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD TAYLOR, A C	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1147 LOG CABIN LANE	1.2 NAME	
STREET ADDRESS	ST LOUIS, MO 00000	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VDS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'CONNELL, JOHN T	2.2 NAME	
STREET ADDRESS	524 FOX RIDGE ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST LOUIS MO	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSS, D L	3.2 NAME	
STREET ADDRESS	49 MUIRFIELD	3.3 STREET ADDRESS	
CITY-ST-ZIP	CREVE COUER, MO 00000	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN RICHARD G.	4.2 NAME	
STREET ADDRESS	1024 TIDEWATER PLACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST LOUIS MO	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DENSON, TYLER S	5.2 NAME	
STREET ADDRESS	2223 VIA TUSCANY	5.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL 32789	5.4 CITY-ST-ZIP	
TITLE	AS	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUELING, DIANE M	6.2 NAME	
STREET ADDRESS	6430 GRAMOND DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST LOUIS MO 63123	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.073(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, with a different like empowered.

SIGNATURE: *Diane M. Huelsing* Diane M. Huelsing 4/19/99 314-512-5000  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)