

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N93000000732 (8)

1. Corporation Name
ENTERPRISE FLORIDA, INC.



Principal Place of Business Mailing Address
200 S. ORANGE AVE. SUITE 1200 ORLANDO FL 32801 US

3. Date Incorporated or Qualified **02/18/1993**
3a. Date of Last Report **05/01/1995**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country
24 Zip 25 Country 29 Zip 30 Country

4. FEI Number **59-3165226** Applied For Not Applicable
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
**LASTINGER, ALLEN L JR
50 N LAURA ST
JACKSONVILLE FL 32203**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	APTHORP, JIM	
STREET ADDRESS	15307 AMBERLY DR SUITE 180	
CITY - ST - ZIP	TAMPA FL 33647-1000	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	HODUE, HOWARD	
STREET ADDRESS	200 S. ORANGE AVE., #1200	
CITY - ST - ZIP	ORLANDO FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DONOVAN, FRED C	
STREET ADDRESS	316 S BAYLEN ST SUITE 300	
CITY - ST - ZIP	PENSACOLA FL 32501	
TITLE	T	<input type="checkbox"/> DELETE
NAME	STEWART, STEVEN	
STREET ADDRESS	200 S. ORANGE AVE. #1200	
CITY - ST - ZIP	ORLANDO FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GARDNER, JAMES	
STREET ADDRESS	ONE CORPORATE DR	
CITY - ST - ZIP	PALM COAST FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GARGUILO, JEFF	
STREET ADDRESS	1500 OLD 41 N	
CITY - ST - ZIP	NAPLES FL 33963	

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 checked="" type="checkbox"/> Addition
2 2 NAME	P Anderson, John C
2 3 STREET ADDRESS	200 South Orange Ave. Suite 1200
2 4 CITY - ST - ZIP	Orlando, FL 32801
3 1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3 2 NAME	S Nunis, Richard A
3 3 STREET ADDRESS	1375 Buena Vista Drive
3 4 CITY - ST - ZIP	Lake Buena Vista, FL 32830
4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4 2 NAME	700001847657
4 3 STREET ADDRESS	-06/03/96--01031--016
4 4 CITY - ST - ZIP	***61.25
5 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5 2 NAME	D
5 3 STREET ADDRESS	
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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/30/96** Daytime Phone: **407-425-5313**

CR2E037 (12/95)