

FILE NOW: FILING FEE IS \$61.25

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May 06 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N93000000732 (8)  
1. Corporation Name  
ENTERPRISE FLORIDA, INC.



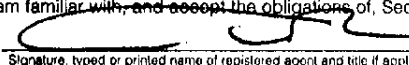
Principal Place of Business Mailing Address  
200 S. ORANGE AVE. SUITE 1200 ORLANDO FL 32801 US  
200 S. ORANGE AVE. SUITE 1200 ORLANDO FL 32801-3410 US

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	390 N. Orange Ave	26	390 N. Orange Ave	02/18/1993	05/01/1996
22	Suite #1300	27	Suite #1300	4. FEI Number	Applied For
23	Orlando FL	28	Orlando FL	59-3165226	Not Applicable
24	32801	29	32801	5. Certificate of Status Desired	\$8.75 Additional Fee Required
25	USA	30	USA	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 <input type="checkbox"/> No <input checked="" type="checkbox"/>	

9. Name and Address of Current Registered Agent  
LASTINGER, ALLEN L JR  
50 N LAURA ST  
JACKSONVILLE FL 32203

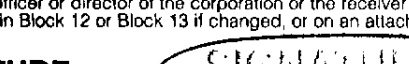
10. Name and Address of New Registered Agent  
81 Name: Thomas P. Page  
82 Street Address (P.O. Box Number Not Acceptable): 390 N. Orange Ave., Suite 1300  
83  
84 City: Orlando FL 85 Zip Code: 32801

11. Pursuant to the provisions of Sections 617.0502 and 617.1503, 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:  DATE: 4/29/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	Director
NAME	APTHORP, JIM	1.2 NAME	Joseph P. Lacher
STREET ADDRESS	15307 AMBERLY DR SUITE 180	1.3 STREET ADDRESS	150 W. Flagler St., Suite 1901
CITY-ST-ZIP	TAMPA FL 33647-1000	1.4 CITY-ST-ZIP	Miami FL 33130
TITLE	P	2.1 TITLE	
NAME	ANDERSON, JOHN C	2.2 NAME	
STREET ADDRESS	200 S. ORANGE AVE., #1200	2.3 STREET ADDRESS	390 N. Orange Ave. #1300
CITY-ST-ZIP	ORLANDO FL 32801	2.4 CITY-ST-ZIP	Orlando FL 32801
TITLE	D	3.1 TITLE	Director
NAME	NUNIS, RICHARD A	3.2 NAME	Richard A. Nunis
STREET ADDRESS	1375 BUENA VISTA DR	3.3 STREET ADDRESS	1375 Buena Vista Dr
CITY-ST-ZIP	LAKE BUENA VISTA FL 32830	3.4 CITY-ST-ZIP	Lake Buena Vista FL 32830
TITLE	T	4.1 TITLE	
NAME	STEWART, STEVEN	4.2 NAME	
STREET ADDRESS	200 S. ORANGE AVE. #1200	4.3 STREET ADDRESS	390 N. Orange Ave #1300
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	Orlando FL 32801
TITLE	D	5.1 TITLE	Director
NAME	GARDNER, JAMES	5.2 NAME	Carlos Palomares
STREET ADDRESS	ONE CORPORATE DR	5.3 STREET ADDRESS	8750 Doral Blvd.
CITY-ST-ZIP	PALM COAST FL	5.4 CITY-ST-ZIP	Miami FL 33178
TITLE	D	6.1 TITLE	
NAME	GARGUILO, JEFF	6.2 NAME	
STREET ADDRESS	1500 OLD 41 N	6.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 33963	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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  DATE: 4/29/97

CR2E037 (9/96)