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Secretary of State

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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # N93000000732

1. Corporation Name
ENTERPRISE FLORIDA, INC.

Principal Place of Business
**390 N ORANGE AVE
 SUITE 1300
 ORLANDO FL 32801
 US**

Mailing Address
**390 N ORANGE AVE
 SUITE 1300
 ORLANDO FL 32801
 US**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		02/18/1993	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3165226	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip Country		Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24		29		30 \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PAGE, THOMAS P 390 N ORANGE AVE SUITE 1300 ORLANDO FL 32801				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LACHER, JOSEPH P	1.2 NAME	
STREET ADDRESS	150 W FLAGLER ST STE 1901	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, JOHN C	2.2 NAME	
STREET ADDRESS	390 N ORANGE AVE #1300	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NUNIS, RICHARD A	3.2 NAME	
STREET ADDRESS	1375 BUENA VISTA DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE BUENA VISTA FL	3.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	4.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEWART, STEVEN	4.2 NAME	Marc Ventura
STREET ADDRESS	390 N ORANGE AVE #1300	4.3 STREET ADDRESS	390 N. Orange Ave, Suite 1300
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	Orlando FL 32801
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TENNEHILL, JOE	5.2 NAME	
STREET ADDRESS	10 ARTHUR DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	LYNN HAVEN FL 32444	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 119.07(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, with all other like empowered.

SIGNATURE: John C. Anderson SIGNATURE REQUIRED: John C. Anderson Date: 2/4/99 Daytime Phone #: 407 316 4611

CR2E037 (1/98)