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CORPORATION  
ANNUAL REPORT  
1995



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

95 MAY -1 AM 11:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 377986 (5)

1. Corporation Name:

ENTERPRISE LEASING COMPANY OF ORLANDO

400001481284  
05/09/95--01108--017  
\*\*\*\*200.00 \*\*\*\*200.00

DO NOT WRITE IN THIS SPACE

|                                                   |                             |                                                                                                                                                              |                                |
|---------------------------------------------------|-----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|
| Principal Place of Business                       |                             | Mailing Address                                                                                                                                              |                                |
| 709 N MAGNOLIA AVE<br>ORLANDO FL 32803-3808<br>US |                             | <del>610 WARREN C. KNAUP</del><br><del>95 HUNTER AVE</del><br><del>ST LOUIS MO 63124</del><br>US                                                             |                                |
| 2. Principal Place of Business                    | 2a. Mailing Address         | 4. FEI Number                                                                                                                                                | 3a. Date of Last Report        |
| 21                                                | 26 c/o John T. O'Connell    | 59-1356140                                                                                                                                                   | 05/01/1994                     |
| Suite Apt # etc.                                  |                             | Applied For                                                                                                                                                  |                                |
| 22                                                | 27 600 Corporate Park Drive | Not Applicable                                                                                                                                               |                                |
| City & State                                      |                             | 5. Certificate of Status Desired                                                                                                                             | \$8.75 Additional Fee Required |
| 23                                                | 28 St. Louis, MO            | <input type="checkbox"/>                                                                                                                                     | \$5.00 May Be Added to Fees    |
| 24                                                | 25 63105                    | 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                |
| 29 USA                                            |                             | 10. Name and Address of New Registered Agent                                                                                                                 |                                |

|                                                                |  |                                                       |  |
|----------------------------------------------------------------|--|-------------------------------------------------------|--|
| 9. Name and Address of Current Registered Agent                |  | 10. Name and Address of New Registered Agent          |  |
| SLAVIK, DENNIS W.<br>3909 W HILLSBOROUGH AVE<br>TAMPA FL 33614 |  | B1 Name                                               |  |
|                                                                |  | B2 Street Address (P.O. Box Number is Not Acceptable) |  |
|                                                                |  | B3                                                    |  |
|                                                                |  | B4 City                                               |  |
|                                                                |  | FL B5 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 of person filing this statement)

(Signature of Registered Agent or person accepting appointment)

(Date)

| 12. OFFICERS AND DIRECTORS |                                                                 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                        |
|----------------------------|-----------------------------------------------------------------|-------------------------------------------------------|------------------------------------------------------------------------|
| 12.1 NAME                  | PTD<br>TAYLOR, A C<br>1147 LOG CABIN LANE<br>ST LOUIS, MO 00000 | 13.1 NAME                                             | PTD<br>TAYLOR, ANDREW C.<br>1147 LOG CABIN LANE<br>ST. LOUIS, MO 63124 |
| 12.2 STREET ADDRESS        |                                                                 | 13.2 STREET ADDRESS                                   |                                                                        |
| 12.3 CITY, ST, ZIP         |                                                                 | 13.3 CITY, ST, ZIP                                    |                                                                        |
| 12.4 NAME                  | VDAS<br>KNAUP, W C<br>2269 S WARSON ROAD<br>ST LOUIS, MO 00000  | 13.4 NAME                                             | VAS<br>KNAUP, WARREN C.<br>2269 S WARSON ROAD<br>ST. LOUIS, MO 63124   |
| 12.5 STREET ADDRESS        |                                                                 | 13.5 STREET ADDRESS                                   |                                                                        |
| 12.6 CITY, ST, ZIP         |                                                                 | 13.6 CITY, ST, ZIP                                    |                                                                        |
| 12.7 NAME                  | V<br>ROSS, D L<br>49 MUIRFIELD<br>CREVE COUER, MO 00000         | 13.7 NAME                                             | VD<br>ROSS, D L<br>49 MUIRFIELD<br>CREVE COUER, MO 63141               |
| 12.8 STREET ADDRESS        |                                                                 | 13.8 STREET ADDRESS                                   |                                                                        |
| 12.9 CITY, ST, ZIP         |                                                                 | 13.9 CITY, ST, ZIP                                    |                                                                        |
| 12.10 NAME                 | D<br>TAYLOR, J C<br>201 S MCKNIGHT<br>ST LOUIS, MO 00000        | 13.10 NAME                                            | D<br>TAYLOR, JACK C.<br>201 SO. MCKNIGHT<br>ST. LOUIS, MO 63124        |
| 12.11 STREET ADDRESS       |                                                                 | 13.11 STREET ADDRESS                                  |                                                                        |
| 12.12 CITY, ST, ZIP        |                                                                 | 13.12 CITY, ST, ZIP                                   |                                                                        |
| 12.13 NAME                 | V<br>BURRELL, JAMES D.<br>8850 LADUE RD<br>ST LOUIS MO          | 13.13 NAME                                            | V<br>BURRELL, JAMES D.<br>1161 VIA CAPRI<br>WINTER PARK, FL 32789      |
| 12.14 STREET ADDRESS       |                                                                 | 13.14 STREET ADDRESS                                  |                                                                        |
| 12.15 CITY, ST, ZIP        |                                                                 | 13.15 CITY, ST, ZIP                                   |                                                                        |
| 12.16 NAME                 | VS<br>O'CONNELL, JOHN T.<br>524 FOXRIDGE RD.<br>ST LOUIS MO     | 13.16 NAME                                            | VS<br>O'CONNELL, JOHN T.<br>524 FOX RIDGE ROAD<br>ST. LOUIS, MO 63131  |
| 12.17 STREET ADDRESS       |                                                                 | 13.17 STREET ADDRESS                                  |                                                                        |
| 12.18 CITY, ST, ZIP        |                                                                 | 13.18 CITY, ST, ZIP                                   |                                                                        |

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and that it is true and correct 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 person or persons authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of this report or on an attached form with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John T. O'Connell, VP/Secy.

4/28/95

314-512-5000