PROFIT:
CORPORATION
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	377986	(5)
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ENTERPRISE LEASING COMPANY OF ORLANDO

Principal Place of Business Mailing Address											
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		(XXX									
		(XXX				ast Report					
	UŠ US					02/24/1971	υλο	5/01/1995			
2. Principal Pla	ace of Business	2a. Mailing Address				4. FE! Number		Applied For			
						59-1356140	Not Applica				
Suite, Apt. #			Park Drive)rive	5. Certificate of Status Desired	1 1 7	3.75 Additiona Fee Required			
City & State		City & State				6. Election Campaign Financing		5.00 May Be			
23 Orland	do, FL	28 St. Louis, MO)			Trust Fund Contribution	L ,	Added to Fees			
Zip 32822	Country 25	2963105	Country 30			8. This corporation has liability for int		jers 199.032,			
Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent					
				81	Name						
SLAVIK.	SLAVIK, DENNIS W.			82	Street Add	ress (P.O. Box Number is Not Acceptable)					
3909 W HILLSBOROUGH AVE TAMPA FL 33614			ا "	Street Auc	aress (i .c. box Namical is Not Acceptable	,					
		Ī	83								
			Ī	84	City		FL 85	Zip Code			
or register	o the provisions of Sections 607.050 ad agent, or both, in the State of Flor h, and accept the obligations of, Sec	ida. Such change was authorized	s, the abov d by the co	orpc	amed corporation's bo	oration submits this statement for the purp ard of directors. I hereby accept the appoir	ose of changin ntment as regis	g its registered c tered agent. I ar			
SIGNATURE	Signature, typed or printed name of registered ager	it and this it approable (NOTE	L Registered A	Agent	signature requi	red when rel istating)	DATE				
12. OFFICERS AND DIRECTORS		13.	13.		ADDITIONS/CHANGES TO OFFIC						
TITLE	PTD	DELETE	1. 1 TITLE				☐ Ch	ange 🔲 Additi			
NAME	TAYLOR, A C		1.2 NAME								
STREET ADDRESS	STREET ADDRESS 1147 LOG CABIN LANE 1.3		1.3 STR	REET	ADDRESS						
CITY-ST-ZIP	DITY-ST-ZIP ST LOUIS, MO 00000		14 CIT	Y-\$1							
TITLE	XVOASX	K] DELETE	2 1 TITLE V		1 - 1	DS -	K] Ch	ange 🔲 Additi			
NAME	XKNYAYURX WXXX X X		2 2 NA	ME	0	'Connell, John T.					

12.	OFFICERS AND DIRE	CTORS	13.	ORS IN 12		
TITLE	PTD	DELETE	1. 1 BITLE		☐ Change	Addition
NAME	TAYLOR, A C		1.2 NAME			
STREET ADDRESS	1147 LOG CABIN LANE		1.3 STREET ADDRESS			
CITY-ST-ZIP	ST LOUIS, MO 00000		14 CITY-ST-ZIP			
TITLE	XVOASX	K) DELETE	2 1 TITLE	VDS	🗶] Change	Addition
NAME	XIRNYAYCIPX YVXXX X X			O'Connell, John T.		
Street address	X22890 IS XANAHISTONIXFIOAVOX		2.3 STREET ADDRESS	524 Fox Ridge Road		
CITY - ST - ZIP	X X XXXXXX XXXX XXXX XXXXX XXXXXX XXXXX XXXX		2 4 CITY - \$1 - 71P	St. Louis, MO 63131		
TITLE	-V-	DELETE	3 1 TITLE	VD	Change	☐ 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	Q	∏ DELF16	4. 1 TITLE	lv .	🔀 Change	Addition
NAME.	XAX KQRL XXX		4.2 NAME	Allen, Richard G.		
STREET ADDRESS	<u> </u>		4.3 STREET ADDRESS	1024 Tidewater Place		
CITY-ST-ZIP	\$TxLQUI\$; xMQ; 99099		4.4 CITY-ST-7IP	St. Louis, MO 63131		
THILE	V	DEFE1E	5. 1 TALE		Change	Addition
NAME	BURRELL, JAMES D.		5.2 NAME		^	
STREET ADDRESS	X 8856 XAXDAJE XPOXXX		5.3 STREET ADDRESS			
CITY - S1 - ZIP	XSTX BOLINS: X6OX X X X		5 4 CITY - ST - ZIP	Winter Park, FL 32789		
TITLE	XXX	X] DELETE	6. 1 TITLE	AS	Change	☐ Addition
NAME	X. X. XIXIOX X. AND WINOCO, OX		6.2 NAME	Lortz, William C.		
STREET ADDRESS	Y 524 YFOXRIDGE YR DY Y Y		6.3 STREET ADDRESS	#2 Oakloigh Lang		

CITY-S1-ZIP

ANNUMENTATION

63 STREET ADDRESS | #2 Oakleigh Lane

St. Louis, M0 63124

14. I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(iq), 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 vustee 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.

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

4-23-96

314-512-5000 Daytinie Phone #

CR2E034 (12/95)