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FILED

May 01 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 377986 (5)
1. Corporation Name
ENTERPRISE LEASING COMPANY OF ORLANDO

Principal Place of Business

7652 NARCOOSSEE ROAD
~~600 CORPORATE PARK DR~~
ORLANDO FL 32822
US

Mailing Address

C/O JOHN T O'CONNELL
800 CORPORATE PARK DRIVE
ST LOUIS MO 63105-4204
US



2. Principal Place of Business

21 7652 NARCOOSSEE ROAD
Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

City & State

23 ORLANDO, FL

City & State

28

Zip

24 32822

Country

25 US

Zip

29

Country

30

3. Date Incorporated or Qualified

02/24/1971

3a. Date of Last Report

05/01/1996

4. FEI Number

59-1356140

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

SLAVIK, DENNIS W.
3909 W HILLSBOROUGH AVE
TAMPA FL 33614

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 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	TAYLOR, A C	
STREET ADDRESS	1147 LOG CABIN LANE	
CITY-ST-ZIP	ST LOUIS, MO 00000	
TITLE	VDS	<input type="checkbox"/> DELETE
NAME	O'CONNELL, JOHN T	
STREET ADDRESS	524 FOX RIDGE ROAD	
CITY-ST-ZIP	ST LOUIS MO	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ROSS, D L	
STREET ADDRESS	49 MUIRFIELD	
CITY-ST-ZIP	CREVE COEUR, MO 00000	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ALLEN RICHARD G.	
STREET ADDRESS	1024 TIDEWATER PLACE	
CITY-ST-ZIP	ST LOUIS MO	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BURRELL, JAMES D.	
STREET ADDRESS	1161 VIA CAPRI	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	LORTZ, WILLIAM C.	
STREET ADDRESS	#2 OAKLEIGH LANE	
CITY-ST-ZIP	ST LOUIS MO	

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 type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	WINTER PARK, FL
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 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 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

4/22/97 314-512-5000

Date

Daytime Phone #

0483177

CR2E034 (9/96)