

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Apr 06 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 377986 (5)**  
 1. Corporation Name  
**ENTERPRISE LEASING COMPANY OF ORLANDO**



Principal Place of Business 7652 NARCOOSSEE ROAD ORLANDO FL 32822 US	Mailing Address C/O JOHN T O'CONNELL 600 CORPORATET PARK DRIVE ST LOUIS MO 63105 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**02/24/1971**

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number <b>59-1356140</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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  
**CT CORPORATION SYSTEM**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**1200 SOUTH PINE ISLAND ROAD**  
 83 City  
**PLANTATION** **FL** 85 Zip Code  
**33324**

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]* **J. L. Miles-Asst. Secy.** **3-26-98**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTD</b> <b>TAYLOR, A C</b> <b>1147 LOG CABIN LANE</b> <b>ST LOUIS, MO 00000</b>	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VDS</b> <b>O'CONNELL, JOHN T</b> <b>524 FOX RIDGE ROAD</b> <b>ST LOUIS MO</b>	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ROSS, D L</b> <b>49 MUIRFIELD</b> <b>CREVE COUER, MO 00000</b>	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>ALLEN RICHARD G.</b> <b>1024 TIDEWATER PLACE</b> <b>ST LOUIS MO</b>	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>BURRELL, JAMES D.</b> <b>1161 VIA CAPRI</b> <b>WINTER PARK FL</b>	<input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <b>LORTZ, WILLIAM C.</b> <b>#2 OAKLEIGH LANE</b> <b>ST LOUIS MO</b>	<input checked="" type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

<input type="checkbox"/> Change <input type="checkbox"/> Addition	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>V</b> <b>DENSON, TYLER S.</b> <b>2223 VIA TUSCANY</b> <b>WINTER PARK, FL 32789</b>
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>AS</b> <b>HUELSING, DIANE M.</b> <b>6430 GRAMOND DRIVE</b> <b>ST. LOUIS, MO 63123</b>

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 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]* **John T. O'Connell** **3/24/98** **314 510 5000**

CR2E034 (10/97)