

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **823795** (0)

1. Corporation Name
ENTERPRISE FUND DISTRIBUTORS, INC.



Principal Place of Business: **3343 PEACHTREE RD., N E SUITE 450 ATLANTA GA 30326-1022 US**
Mailing Address: **3343 PEACHTREE RD., N. E. SUITE 450 ATLANTA GA 30326-1022 US**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-28) fields with sub-sections for Suite, Apt. #, etc., City & State, Zip, and Country.

3. Date Incorporated or Qualified: **12/08/1969**
3a. Date of Last Report: **04/03/1995**
4. FEI Number: **22-1990598**
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

g. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent (81-85)
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: **FL**

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> DELETE
NAME	MCCLELLAN, CATHERINE R.	
STREET ADDRESS	244 SHERWOOD ROAD	
CITY-STATE-ZIP	ATLANTA GA	
TITLE	CCEO	<input type="checkbox"/> DELETE
NAME	UGOLYN, VICTOR	
STREET ADDRESS	17 CARDINAL COURT	
CITY-STATE-ZIP	RIDGEFIELD CT	
TITLE	VPT	<input type="checkbox"/> DELETE
NAME	WILLIAMSON, HERBERT M.	
STREET ADDRESS	245 PEBBLE TRAIL	
CITY-STATE-ZIP	ALPHARETTA GA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SDVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MCCLELLAN, CATHERINE R.	
1.3 STREET ADDRESS	744 SHERWOOD ROAD	
1.4 CITY-STATE-ZIP	ATLANTA GA	
2.1 TITLE	PDC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Ugolyn, Victor	
2.3 STREET ADDRESS	17 Cardinal Court	
2.4 CITY-STATE-ZIP	Ridgefield, CT	
3.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	John A. Schilt, Jr.	
3.3 STREET ADDRESS	2260 Pine Warbler Court	
3.4 CITY-STATE-ZIP	Marietta, GA	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Catherine R. McClellan Catherine R. McClellan 2/20/96 (404)261-1116
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Phone #

CR2E034 (12/95)