

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

**FILED**

**Apr 25 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F93000000212 (1)**

1. Corporation Name  
**ENTERPRISE CAPITAL MANAGEMENT, INC.**



Principal Place of Business <b>3343 PEACHTREE RD. N.E. EAST TOWER, SUITE 450 ATLANTA GA 30326 US</b>	Mailing Address <b>3343 PEACHTREE RD. N.E. EAST TOWER, SUITE 450 ATLANTA GA 30326-1022 US</b>
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>01/08/1993</b>	3a. Date of Last Report <b>03/07/1996</b>
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>58-1660289</b>	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24. Country	29. Country	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>		10. Name and Address of New Registered Agent	
B1. Name	B2. Street Address (P.O. Box Number is Not Acceptable)	B3.	B4. City
			<b>FL</b>
			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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PCD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>UGOLYN, VICTOR</b>	1.2 NAME	
STREET ADDRESS	<b>17 CARDINAL COURT</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>RIDGEFIELD CT 06877</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VT</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILLIAMSON, HERBERT M</b>	2.2 NAME	
STREET ADDRESS	<b>245 PEBBLE TRAIL</b>	2.3 STREET ADDRESS	<b>500 Stonebrook Farms Drive</b>
CITY-ST-ZIP	<b>ALPHARETTA GA</b>	2.4 CITY-ST-ZIP	<b>Alpharetta, Georgia 30201</b>
TITLE	<b>SVPD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCCLELLAN, CATHERINE R</b>	3.2 NAME	
STREET ADDRESS	<b>744 SHERWOOD ROAD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ATLANTA GA</b>	3.4 CITY-ST-ZIP	
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GOFF, PHILLIP G.</b>	4.2 NAME	
STREET ADDRESS	<b>1097 SANFORD'S WALK</b>	4.3 STREET ADDRESS	<b>2680 Woods Ridge Drive</b>
CITY-ST-ZIP	<b>TUCKER GA</b>	4.4 CITY-ST-ZIP	<b>Alpharetta, Georgia 30202</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, on an attachment with an address.

SIGNATURE: Catherine R. McClellan **Catherine R. McClellan** **4/10/97** **404-261-1116**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)