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Feb 06 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 # L14999

(1)

1. Corporation Name

ENTERPRISE CONSULTING, INC.

Principal Place of Business

4601 DOW RIDGE  
ORCHARD LAKE MI 48324  
US

Mailing Address

P O BOX 251094  
WEST BLOOMFIELD MI 48325-1094  
US

PLEASE CHANGE



2. Principal Place of Business

21 Suite Apt. # etc

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 4601 Dow Ridge

27 Suite, Apt. #, etc.

28 City & State

Orchard Lake, MI

29 Zip

48324

Country

30 Oakland

9. Name and Address of Current Registered Agent

PEABODY, WARREN W  
8141 CHESHAM  
NEW PORT RICHEY FL 34653

3. Date Incorporated or Qualified

09/07/1989

3a. Date of Last Report

04/02/1996

4. FEI Number

65-0142804

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

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 true if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

P  
WHITE, ROBERT P  
4801 DOW RIDGE  
ORCHARD LAKE MI

TITLE NAME STREET ADDRESS CITY-ST-ZIP

S  
WHITE, TOMMI A  
4801 DOW RIDGE  
ORCHARD LAKE MI

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D  
PEABODY, WARREN W  
6141 CHESHAM  
NEW PORT RICHEY FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.1 TITLE 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:

Robert P. White, Pres

1/30/97 (810) 682 6956

CR2E034 (9/96)