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

PROFIT CORPORATION ANNUAL REPÓRT

1997

appears in Block 12 or Bi

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L72552

(7)

ENTERPRISE TRAVEL SERVICE, INC.

Secretary of State

FILED

Mar 11 1997 8:00am

Description Disc.	of D. elegan	Mailie a Address				1811 OPEN OPEN EN		
Principal Place of Business Mailing Address C/O LAUREN L. SKUSE C/O LAUREN L. SKUSE								
7255 FOREST (SPRING HILL F	oaks Boulevard 'e 34606	7255 FOREST OAKS BOUL SPRING HILL FL 34808-233						
					 Date Incorporated or Qualified 05/11/1990 	3a. Date of 01/24/1	,	oort
	lace of Business	2a. Mailing Address	£ .	\	4. FEI Number		App	lied For
21 7221			w hund	»(' <u>)</u>	59-3010559			Applicable
Suite, Apt.	₩, etc.	Suite, Apt. #, etc.	•		5. Certificate of Status Desired	1 1 7 1	.75 Ad Fee Req	
City & State	€:	City & State			6. Election Campaign Financing	\$	5.00 M	Aav Be
23		28			Trust Fund Contribution		dded to	
Zip	Country	Ζιρ	Country		8. This corporation has liability for in			199.032,
24	25	29	30			Yes 🗌 No		
	g. Name and Address of Curren	I Registered Agent			10. Name and Address of New Reg	istered Ageni		***************************************
	ISE, LAUREN L.		81	Name				
7255 FOREST OAKS BOULEVARD			82	Street Add	ress (P.O. Box Number is Not Acceptable)			
SPR	ING HILL FL 34606			722	1 (nev number	<u></u>		
			83		_			
			84	City		FL 85	Zip Co	ode
44 Pure rand	to the provisions of Sections 607.050	2 and 607 1508. Florida Statut	es the above	a-named cor	poration submits this statement for the pi		oing its	registered
office or n	egistered agent, or both, in the State	of Florida. Such change was a	authorized by	the corpora	tion's board of directors. I hereby accep	the appointm	eni as re	egistered
agent La	m tambar with, and accept the obliga	ations of, Section 607.0505, FR	orida Statute:	3 .				
SIGNATURE	Signarine ityscolor printed name of registeriid age	ct and tills if applicable (NOT	E: Boolelered And	ol signalura regu	ired when reinstating)	DATE		
12.	OFFICERS AND		13.	int albiniare tedo	ADDITIONS/CHANGES TO OFFIC		CTORS	IN 12
TITLE	P	OELETE	1.1 TITLE		7,001110110707071102070 01710		hange	Addition
NAME	SKUSE, LAUREN L.		1.2 NAME				-	
STREET ADDRESS	12242 MONARCO LANE		1.3 STREET	ADDRESS				
CHY-ST-ZIP	SPRING HILL FL		1.4 City - 5					
TiTLE	VP	DELETE	2.1 TITLE	1-211		Пс	hange	Addition
NAME	SKUSE, LAWRENCE C.		2.2 NAME				•	
STREET ADDRESS	450 LITTLE PATH RD		2.3 STREET	ADDRESS	1.50			
CITY-ST-ZIP	DES PLAINES IL		2. 4 CITY-		150			
TITLE	ST	DELETE	3.1 TITLE	21 - 211			hange	Addition
NAME	SKUSE, SHARON C.		3.2 NAME				-	
STREET ADDRESS	450 LITTLE PATH RD		3.3 STREET	ADDRESS		,		
C(1Y+S1+7)P	DES PLAINES IL		3.4. CITY-					
1016		DELETE	4.1 TITLE	21 211	· · · · · · · · · · · · · · · · · · ·		hange	Addition
NAME			4. 2 NAME			.	-	
STREET ADDRESS			4.3 STREET	ADDRESS				
CITY-S1-7IP			4.4 CITY-S		•			
TITLE		DELETE	5.1 TITLE	• • • •			hange	Addition
NAME			5.2 NAME			•		
STREET ADDRESS			5.3 STREET	ADDRESS				
CITY-ST-ZIP			5.4 CITY - S	ŀ				
TITLE		DELETE	6.1 TITLE	, 44			hange	Addition
NAME			6.2 NAME				-	_
STHEET ACORESS			6.3 STREET	ADDRESS		•		
CITY-ST-ZIP			6.4 CITY - S					
44 Lalo borol	by certify that the information supplied	with this filing does not quali	fu for the eve	motion state	d in Section 119.07(3)(i), Florida Statutes	. I further certi	fy that 1h	16
informatio Lami an o	ori indicated onlines annual report or s ifficer or director of the corporation or	upplemental annual report is to the receiver or trustee empow	rue and accivered to exec	rate and that ute this repo	at my signature shall have the same legal ort as required by Chapter 607, Florida Si	effect as if ma atutes; and the	ide unde at my na	er oath; that ime

hment with an address.