

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 2:54

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # M51290 (8)

1. Corporation Name

ENTERPRISE TECHNOLOGY, INC.

Principal Place of Business

**% EVA REYNOLDS
9050 PINES BLVD., STE. 300
PEMBROKE PINES FL 33024-3400**

Mailing Address

**% EVA REYNOLDS
9050 PINES BLVD., STE. 300
PEMBROKE PINES FL 33024-3400**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/29/1987

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0009723

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**BLAIRE & COLE, P.A.
2801 PONCE DE LEON BLVD.
S-550
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81. Name

MANNY FIGUEROA, C.P.A.

82. Street Address (P.O. Box Number is Not Acceptable)

306 ALCAZAR AVE STE 220

83.

84. City

CORAL GABLES

FL

85. Zip Code

33134

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

MANNY FIGUEROA, C.P.A.

1/12/95

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

**DP
REYNOLDS, EVA J.
9050 PINES BLVD, S-300
PEMBROKE PINES FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY ST ZIP

☐ Change

☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY ST ZIP

☐ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY ST ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY ST ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY ST ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY ST ZIP

☐ Change

☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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. 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 of this report.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EVA J. REYNOLDS

Jan. 14, 1995

Date

305/431-1774

Telephone