

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N93000000732 (8)

1. Corporation Name

ENTERPRISE FLORIDA, INC.



Principal Place of Business

Mailing Address

200 S. ORANGE AVE.
SUITE 1200
ORLANDO FL 32801
US

200 S. ORANGE AVE.
SUITE 1200
ORLANDO FL 32801
US

3. Date Incorporated or Qualified
02/18/1993

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3165226

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LASTINGER, ALLEN L JR
50 N LAURA ST
JACKSONVILLE FL 32203**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and state if applicable

(NOTE: Registered Agent signature required when translating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
NAME **D**
APTHORP, JIM
STREET ADDRESS **15307 AMBERLY DR SUITE 180**
CITY - ST - ZIP **TAMPA FL 33647-1000**

1 1 TITLE Change Addition
1 2 NAME
1 3 STREET ADDRESS
1 4 CITY - ST - ZIP

TITLE DELETE
NAME **P**
HODUE, HOWARD
STREET ADDRESS **200 S. ORANGE AVE., #1200**
CITY - ST - ZIP **ORLANDO FL**

2 1 TITLE Change Addition
2 2 NAME **P**
Anderson, John C
2 3 STREET ADDRESS **200 South Orange Ave. Suite 1200**
2 4 CITY - ST - ZIP **Orlando, FL 32801**

TITLE DELETE
NAME **D**
DONOVAN, FRED C
STREET ADDRESS **316 S BAYLEN ST SUITE 300**
CITY - ST - ZIP **PENSACOLA FL 32501**

3 1 TITLE Change Addition
3 2 NAME **S**
Nunis, Richard A
3 3 STREET ADDRESS **1375 Buena Vista Drive**
3 4 CITY - ST - ZIP **Lake Buena Vista, FL 32830**

TITLE DELETE
NAME **T**
STEWART, STEVEN
STREET ADDRESS **200 S. ORANGE AVE. #1200**
CITY - ST - ZIP **ORLANDO FL**

4 1 TITLE Change Addition
4 2 NAME
4 3 STREET ADDRESS **700001847657**
4 4 CITY - ST - ZIP **-06/03/96--01031--016**
*****61.25**

TITLE DELETE
NAME **S**
GARDNER, JAMES
STREET ADDRESS **ONE CORPORATE DR**
CITY - ST - ZIP **PALM COAST FL**

5 1 TITLE Change Addition
5 2 NAME **D**
5 3 STREET ADDRESS
5 4 CITY - ST - ZIP

TITLE DELETE
NAME **D**
GARGUILO, JEFF
STREET ADDRESS **1500 OLD 41 N**
CITY - ST - ZIP **NAPLES FL 33963**

6 1 TITLE Change Addition
6 2 NAME
6 3 STREET ADDRESS
6 4 CITY - ST - 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96

407-425-5313

Date

Daytime Phone

CR2E037 (12/95)