

FILE NOW: FILING FEE IS \$61.25

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May 06 1997 8:00am  
Secretary of State

NONPROFIT 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 # N93000000732 (8)**  
1. Corporation Name  
**ENTERPRISE FLORIDA, INC.**



Principal Place of Business <b>200 S. ORANGE AVE. SUITE 1200 ORLANDO FL 32801 US</b>	Mailing Address <b>200 S. ORANGE AVE. SUITE 1200 ORLANDO FL 32801-3410 US</b>
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3. Date Incorporated or Qualified <b>02/18/1993</b>	3a. Date of Last Report <b>05/01/1996</b>
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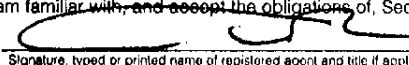
2. Principal Place of Business 21 <b>390 N. Orange Ave</b> Suite, Apt. #, etc. 22 <b>Suite 1300</b> City & State 23 <b>Orlando FL</b> Zip 24 <b>32801</b>	2a. Mailing Address 26 <b>390 N. Orange Ave</b> Suite, Apt. #, etc. 27 <b>Suite 1300</b> City & State 28 <b>Orlando FL</b> Zip 29 <b>32801</b>	Country 25 <b>USA</b>	Country 30 <b>USA</b>
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4. FEI Number <b>59-3165226</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
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  
**LASTINGER, ALLEN L JR  
50 N LAURA ST  
JACKSONVILLE FL 32203**

10. Name and Address of New Registered Agent  
81 Name **Thomas P. Page**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**390 N. Orange Ave., Suite 1300**  
83  
84 City **Orlando** FL 85 Zip Code **32801**

11. Pursuant to the provisions of Sections 617.0502 and 617.1503, 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  DATE **4/29/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE <b>D</b>	<b>APTHORP, JIM</b> 15307 AMBERLY DR SUITE 180 TAMPA FL 33847-1000	1.1 TITLE <b>Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>P</b>	<b>ANDERSON, JOHN C</b> 200 S. ORANGE AVE., #1200 ORLANDO FL 32801	1.2 NAME <b>Joseph P. Lacher</b> 1.3 STREET ADDRESS <b>150 W. Flagler St., Suite 1901</b> 1.4 CITY-ST-ZIP <b>Miami FL 33130</b>
TITLE <b>D</b>	<b>NUNIS, RICHARD A</b> 1375 BUENA VISTA DR LAKE BUENA VISTA FL 32830	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>T</b>	<b>STEWART, STEVEN</b> 200 S. ORANGE AVE. #1200 ORLANDO FL	2.2 NAME <b>390 N. Orange Ave. # 1300</b> 2.3 STREET ADDRESS <b>Orlando FL 32801</b> 2.4 CITY-ST-ZIP
TITLE <b>D</b>	<b>GARDNER, JAMES</b> ONE CORPORATE DR PALM COAST FL	3.1 TITLE <b>Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>D</b>	<b>GARGUILO, JEFF</b> 1500 OLD 41 N NAPLES FL 33963	3.2 NAME <b>Richard A. Nunis</b> 3.3 STREET ADDRESS <b>1375 Buena Vista Dr</b> 3.4 CITY-ST-ZIP <b>Lake Buena Vista FL 32830</b>
		4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		4.2 NAME <b>390 N. Orange Ave # 1300</b> 4.3 STREET ADDRESS <b>Orlando FL 32801</b> 4.4 CITY-ST-ZIP
		5.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME <b>Carlos Palomares</b> 5.3 STREET ADDRESS <b>8750 Doral Blvd.</b> 5.4 CITY-ST-ZIP <b>Miami FL 33178</b>
		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)