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May 06 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N93000005389 (2)

1. Corporation Name

ENTERPRISE FLORIDA INNOVATION PARTNERSHIP, INC.



Principal Place of Business

Mailing Address

SUNBANK CENTER, SUITE 1205
SUITE 1200
ORLANDO FL 32801
US

SUNBANK CENTER, SUITE 1205
SUITE 1200
ORLANDO FL 32801
US

3. Date Incorporated or Qualified
11/30/1993

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 390 N. Orange Ave

26 390 N. Orange Ave

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 Suite 1300

27 Suite 1300

City & State

City & State

23 Orlando FL

28 Orlando FL

Zip

Country

24 32801

25 USA

29 32801

30 USA

4. FEI Number
59-3227849

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PAGE, THOMAS P
SUNBANK CENTER, SUITE 1205
200 S. ORANGE AVENUE
ORLANDO FL 32801

81 Name

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 617.1508, 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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/29/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PS ☒ DELETE

NAME BRUNDAGE, WILLIAM G.
STREET ADDRESS 200 S ORANGE AVE., SUITE 1200
CITY-ST-ZIP ORLANDO FL

TITLE S ☒ DELETE

NAME RUSH, DAVID H
STREET ADDRESS % 700 NW 12 AVENUE
CITY-ST-ZIP DEERFIELD BEACH FL

TITLE D ☐ DELETE

NAME WHELEN, WILLIAM DR.
STREET ADDRESS 1011 NW 15TH STREET
CITY-ST-ZIP MIAMI FL

TITLE D ☐ DELETE

NAME BALAGUER, JOHN
STREET ADDRESS 17900 BEE LINE HWY
CITY-ST-ZIP JUPITER FL

TITLE D ☒ DELETE

NAME LACHER, JOE
STREET ADDRESS 150 W FLAGLER ST STE. 1901
CITY-ST-ZIP MIAMI FL

TITLE D ☐ DELETE

NAME SCHWARTZ, BILL
STREET ADDRESS 3404 N ORANGE BLOSSOM TRAIL
CITY-ST-ZIP ORLANDO FL

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

Thomas P. Page ☒ Change ☐ Addition

President
390 N. Orange Ave, Suite 1300
Orlando FL 32801

☐ Change ☐ Addition

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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.

CP2E037 (9/96)