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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N93000005389					
1. Corporation Name ENTERPRISE FLORIDA TECHNOLOGY DEVELOPMENT CORPORATION					
Principal Place of Business 390 N ORANGE AVE SUITE 1300 ORLANDO FL 32801 US			Mailing Address 390 N ORANGE AVE SUITE 1300 ORLANDO FL 32801 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/30/1993	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3227849	
22	City & State	27	City & State	Applied For <input type="checkbox"/> Not Applicable	
23	Zip	28	Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24	Country	29	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent PAGE, THOMAS P 390 N ORANGE AVE SUITE 1300 ORLANDO FL 32801				10. Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	President
NAME	KORCHAK, RICK	1.2 NAME	Brent Gregory
STREET ADDRESS	390 N ORANGE AVE STE 1300	1.3 STREET ADDRESS	390 N. Orange Ave., Suite 1300
CITY-ST-ZIP	ORLANDO FL 32801	1.4 CITY-ST-ZIP	Orlando, FL 32801
TITLE	D	2.1 TITLE	
NAME	PHILLIPS, WINFRED M DR	2.2 NAME	
STREET ADDRESS	300 WEIL HALL	2.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32611	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	CRISSEY, RELF S	3.2 NAME	
STREET ADDRESS	12433 RESEARCH PARKWAY, SUITE 307	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32526	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	SCHWARTZ, BILL	4.2 NAME	
STREET ADDRESS	3404 N ORANGE BLOSSOM TRAIL	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	D
NAME		5.2 NAME	Fred Dual
STREET ADDRESS		5.3 STREET ADDRESS	30 Skyline Dr.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Lake Mary, FL 32746
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Brent Gregory 2/2/99 (407) 316-4518

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)