

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 # N94000001452 (1)

1. Corporation Name

ENTERPRISE FLORIDA CAPITAL PARTNERSHIP, INC.



Principal Place of Business

Mailing Address

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

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

3. Date Incorporated or Qualified
03/23/1994

3a. Date of Last Report
08/23/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number
59-3232169

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

TEWS, HANS W
1508 SPRING LAKE DRIVE
ORLANDO FL 32804

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 617.0103, Florida Statutes.

SIGNATURE

David Franklin, President

May 1, 1996

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

NOTE: Registered Agent signature required when re-stating.

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CD ☐ DELETE
NAME FREEMAN, DOUG
STREET ADDRESS 50 N. LAURA STREET
CITY-ST-ZIP JACKSONVILLE FL 32202

11 TITLE P
12 NAME Franklin, David ☐ Change ☒ Addition
13 STREET ADDRESS 200 South Orange Ave, Suite 1200
14 CITY-ST-ZIP Orlando, FL 32801

TITLE TSD ☒ DELETE
NAME TEWS, HANS W
STREET ADDRESS 1508 SPRINGLAKE DRIVE
CITY-ST-ZIP ORLANDO FL 32804

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME CURB, SUE
STREET ADDRESS 2333 PONCE DE LEON BLVE. #1111
CITY-ST-ZIP CORAL GABLES FL 33134

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME MASFERRER, EDUARDO
STREET ADDRESS 3750 NW 87TH AVE.
CITY-ST-ZIP MIAMI FL 33178

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME WERNER, PAT
STREET ADDRESS 200 E. ROBINSON #600
CITY-ST-ZIP ORLANDO FL 32802

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 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:

David Franklin, President

May 1, 1996

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E037 (12/95)