


FILE NOW: FILING FEE IS \$61.25

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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
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DOCUMENT # N94000001452 (1)

1. Corporation Name

ENTERPRISE FLORIDA CAPITAL PARTNERSHIP, INC.



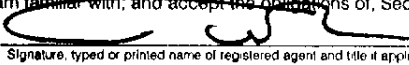
Principal Place of Business	Mailing Address
SUNBANK CENTER SUITE 1200 200 S. ORANGE AVE. ORLANDO FL 32801 US	SUNBANK CENTER SUITE 1200 200 S. ORANGE AVE. ORLANDO FL 32801-3410 US

2. Principal Place of Business	2a. Mailing Address
21 390 N. Orange Ave Suite, Apt. #, etc. 22 Suite 1300 City & State 23 Orlando FL Zip 24 32801 Country 25 USA	26 390 N. Orange Suite, Apt. #, etc. 27 Suite 1300 City & State 28 Orlando FL Zip 29 32801 Country 30 USA

3. Date Incorporated or Qualified 03/23/1994	3a. Date of Last Report 05/01/1996
4. FEI Number 59-3232169	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

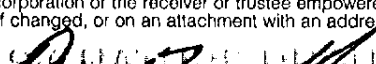
9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
TEWS, HANS W 1508 SPRING LAKE DRIVE ORLANDO FL 32804	81 Name Thomas P. Page 82 Street Address (P.O. Box Number is Not Acceptable) 390 N. Orange Ave., Suite 1300 83 84 City Orlando FL 85 Zip Code 32801

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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  4/29/97
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	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREEMAN, DOUG	1.2 NAME	
STREET ADDRESS	50 N. LAURA STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32202	1.4 CITY-ST-ZIP	
TITLE	President and Secretary <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANKLIN, DAVID	2.2 NAME	
STREET ADDRESS	200 SOUTH ORANGE AVE SUITE 1200	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32801	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CURB, SUE	3.2 NAME	
STREET ADDRESS	2333 PONCE DE LEON BLVE. #1111	3.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASFERRER, EDUARDO	4.2 NAME	
STREET ADDRESS	3750 NW 87TH AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33178	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WERNER, PAT	5.2 NAME	
STREET ADDRESS	200 E. ROBINSON #600	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32802	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE  4/29/97 3114111

CR2E037 (9/96)