

1-23-98 B-0687-C  
FILE NOW: FILING FEE IS \$61.25

FILED  
Jan 23 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. ...</b> Secretary DIVISION OF ...
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DOCUMENT # **N94000003600 (3)**

1. Corporation Name

**ENTERPRISE DEVELOPMENT CORPORATION OF SOUTH FLOR  
IDA**

Principal Place of Business	Mailing Address
C/O ENTERPRISE DEVELOPMENT CORP 3950 RCA BLVD STE 5003 PALM BEACH GARDENS FL 33410 US	C/O ENTERPRISE DEVELOPMENT CORP 3950 RCA BLVD STE 5003 PALM BEACH GARDENS FL 33410 US

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country

3. Date Incorporated or Qualified

**07/21/1994**

4. FEI Number

**65-0506917**

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**

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCGUIRE, JEANIE L  
3950 RCA BLVD, STE 5003  
PALM BEACH GARDENS FL 33410**

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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

**1/9/98**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	SWANK, CHARLES	
STREET ADDRESS	851 JUPITER PARK LANE	
CITY-ST-ZIP	JUPITER FL 33458	

TITLE	VCD	<input checked="" type="checkbox"/> DELETE
NAME	CAMPBELL, DR. JOSEPH	
STREET ADDRESS	500 NW 20TH ST	
CITY-ST-ZIP	BOCA RATON FL	

TITLE	S/T	<input checked="" type="checkbox"/> DELETE
NAME	TAMBONE, RICHARD	
STREET ADDRESS	4500 RCA BLVD, STE 304	
CITY-ST-ZIP	PBG FL 33410	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CAMPBELL, DR. JOSEPH	
1.3 STREET ADDRESS	500 NW 20th STREET	
1.4 CITY-ST-ZIP	BOCA RATON FL 33431	

2.1 TITLE	VCD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	STEELE, J. RODMAN	
2.3 STREET ADDRESS	222 LAKEVIEW AVE, 4th FLOOR	
2.4 CITY-ST-ZIP	WPB FL 33401	

3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	PUJOL, HENRY L.	
3.3 STREET ADDRESS	3301 QUANTUM BLVD MS Q10	
3.4 CITY-ST-ZIP	BOYNTON BEACH FL 33426	

4.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	MCGUIRE, JEANIE L.	
4.3 STREET ADDRESS	3950 RCA BLVD., STE 5003	
4.4 CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

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 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:

**JEANIE L. MCGUIRE** 1-9-98 61-627-2555

CR2E037 (10/97)