


FILE NOW: FILING FEE IS \$61.25

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90111 039 ****61.25

0042084

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # N94000003600

1. Corporation Name

ENTERPRISE DEVELOPMENT CORPORATION OF SOUTH FLORIDA

Principal Place of Business

C/O ENTERPRISE DEVELOPMENT CORP
 3950 RCA BLVD STE 5003
 PALM BEACH GARDENS FL 33410
 US

Mailing Address

C/O ENTERPRISE DEVELOPMENT CORP
 3950 RCA BLVD STE 5003
 PALM BEACH GARDENS FL 33410
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		07/21/1994	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0506917	
24 Country		29 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25		30		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

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

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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		(NOTE: Registered Agent signature required when reinstating)		DATE	
Signature, typed or printed name of registered agent and title if applicable.					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	SD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MCGUIRE, JEANIE L	1.2 NAME	Charles Ragland		
STREET ADDRESS	3950 RCA BLVD. STE 5003	1.3 STREET ADDRESS	255 S. County Road		
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	1.4 CITY-ST-ZIP	Palm Beach, FL 33480		
TITLE	CD	2.1 TITLE	CD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CAMPBELL, DR. JOSEPH	2.2 NAME	Steele, J. Rodman		
STREET ADDRESS	500 NW 20TH ST	2.3 STREET ADDRESS	222 Lakeview Ave 4th Floor		
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	West Palm Beach, FL 33401		
TITLE	SD	3.1 TITLE	VCD/TD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	PUJOL, HENRY L.	3.2 NAME	Ray Monteleone		
STREET ADDRESS	3301 QUANTUM BLVD MS Q10	3.3 STREET ADDRESS	2801 Green Street		
CITY-ST-ZIP	BOYNTON BEACH FL 33426	3.4 CITY-ST-ZIP	Hollywood, FL 33020		
TITLE	CD	4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STEELE, J. RODMAN	4.2 NAME			
STREET ADDRESS	222 LAKEVIEW AVE., 4TH FLOOR	4.3 STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH FL 33401	4.4 CITY-ST-ZIP			
TITLE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		5.2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS			
CITY-ST-ZIP		5.4 CITY-ST-ZIP			
TITLE		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 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: *Jeannie McGuire* **2/10/99** **561-818-7769**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)