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Mar 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N94000004998 (0) 1. Corporation Name ENTERPRISE NORTH FLORIDA CORPORATION					
Principal Place of Business 10401 DEERWOOD PARK BLVD. JACKSONVILLE FL 32256			Mailing Address 10401 DEERWOOD PARK BLVD. JACKSONVILLE FL 32256		
2. Principal Place of Business 21 7400 Baymeadows Way Suite, Apt. #, etc. 22 Suite 201 City & State 23 Jacksonville, FL Zip 24 32256		2a. Mailing Address 26 7400 Baymeadows Way Suite, Apt. #, etc. 27 Suite 201 City & State 28 Jacksonville, FL Zip 29 32256		Country 25 U.S.A. 30 U.S.A.	
9. Name and Address of Current Registered Agent PHILLIPS, PAMELA 50 NORTH LAURA STREET STE 2800 JACKSONVILLE FL 32202					
10. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	PD	NAME	SURFACE, FRANK J	DELETED	
STREET ADDRESS			PO BOX 52852 NA		
CITY-ST-ZIP			JACKSONVILLE FL 32201-2852		
TITLE	PD	NAME	ROSSITER, ALAN W	DELETED	
STREET ADDRESS			10401 DEERWOOD PARK BLVD.		
CITY-ST-ZIP			JACKSONVILLE FL 32256		
TITLE	D	NAME	BISHOP, BENJAMIN	DELETED	
STREET ADDRESS			50 N. LAURA ST. STE. 3625		
CITY-ST-ZIP			JACKSONVILLE FL 32202		
TITLE	D	NAME	WEINSTEIN, MICHAEL	DELETED	
STREET ADDRESS			220 EAST BAY STREET		
CITY-ST-ZIP			JACKSONVILLE FL 32202		
TITLE	D	NAME	ORIEN, PASS	DELETED	
STREET ADDRESS			1734 KINGSLEY AVENUE		
CITY-ST-ZIP			ORANGE PARK FL 32073		
TITLE	D	NAME	NELSON, TONY	DELETED	
STREET ADDRESS			218 W. ADAMS STREET STE 504		
CITY-ST-ZIP			JACKSONVILLE FL 32202		
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	PD	1.2 NAME	CHEWEN, ANDREW B	Change	Addition
1.3 STREET ADDRESS			50 NORTH LAURA ST. 24 th FLOOR		
1.4 CITY-ST-ZIP			JACKSONVILLE FL 32202		
2.1 TITLE	PD	2.2 NAME	CHARLSON, CHARLES	Change	Addition
2.3 STREET ADDRESS			3100 UNIVERSITY BLVD SUITE 200		
2.4 CITY-ST-ZIP			JACKSONVILLE FL 32216		
3.1 TITLE	D	3.2 NAME	BUSSELLS, WALT	Change	Addition
3.3 STREET ADDRESS			21 W. CHURCH ST.		
3.4 CITY-ST-ZIP			JACKSONVILLE, FL.		
4.1 TITLE	D	4.2 NAME	MALLOT, JERRY	Change	Addition
4.3 STREET ADDRESS			THREE INDEPENDANT DR.		
4.4 CITY-ST-ZIP			JACKSONVILLE, FL.		
5.1 TITLE	D	5.2 NAME	SCHWENCK, PRICE	Change	Addition
5.3 STREET ADDRESS			225 WATER STREET, 2ND FLOOR		
5.4 CITY-ST-ZIP			JACKSONVILLE FL 32202		
6.1 TITLE	D	6.2 NAME	McCOLLUM, JIM	Change	Addition
6.3 STREET ADDRESS			301 W. BAY ST. Suite 300		
6.4 CITY-ST-ZIP			JACKSONVILLE, FL 32202		
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: _____ ALAN W. ROSSITER 2-19-98 904-730-4700					

CR2E037 (10/97)