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**May 01 1997 8:00am
Secretary of State**



PROFIT CORPORATION
ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P23392** (4)
1. Corporation Name
ENTERPRISE FLEETS INC.



Principal Place of Business
**700 CORPORATE PARK DR
600 CORPORATE PARK DR
ST LOUIS MO 63105
US**

Mailing Address
**C/O JOHN T O'CONNELL
600 CORPORATE PARK DRIVE
ST LOUIS MO 63105-4204
US**

3. Date Incorporated or Qualified
03/14/1989

3a. Date of Last Report
05/01/1996

4. FEI Number
43-0819397

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

2. Principal Place of Business
21 **700 CORPORATE PARK DR.**
22 Suite, Apt #, etc.
23 **ST. LOUIS, MO**
24 **63105** 25 **US**

2a. Mailing Address
26
27 Suite, Apt #, etc.
28 **ST. LOUIS, MO**
29 **63105** 30 **US**

9. Name and Address of Current Registered Agent
**SLAVIK, DENNIS W
3909 W. HILLSBOROUGH
TAMPA FL 33614**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature of type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	TAYLOR, ANDREW C.	
STREET ADDRESS	1147 LOG CABIN LANE	
CITY-ST-ZIP	ST. LOUIS MO	
TITLE	SVP	<input type="checkbox"/> DELETE
NAME	SNYDER, RICHARD V.	
STREET ADDRESS	7948 PARK DRIVE	
CITY-ST-ZIP	ST. LOUIS MO	
TITLE	VDS	<input type="checkbox"/> DELETE
NAME	O'CONNELL, JOHN T	
STREET ADDRESS	524 FOX RIDGE ROAD	
CITY-ST-ZIP	ST LOUIS MO	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ROSS, DONALS L.	
STREET ADDRESS	49 MUIRFIELD	
CITY-ST-ZIP	ST LOUIS MO	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BEHNKE, ERNEST C.	
STREET ADDRESS	12845 TOPPING ROAD	
CITY-ST-ZIP	ST. LOUIS MO	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MCKENNEY, JERRY R.	
STREET ADDRESS	3208 OLD HIWAY 100	
CITY-ST-ZIP	VILLA RIDGE MO	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 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 included 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ DATE: **4/22/97** DAYTIME PHONE #: **314-512-5000**

CR2E034 (9/96)

**ATTACHMENT TO 1997 CORPORATION ANNUAL REPORT - STATE OF
FLORIDA - ENTERPRISE FLEETS INC. (FEIN 43-0819397)**

12. Additional Officers

- 7.1 V
- 7.2 Atkinson, John T.
- 7.3 6314 Washington Avenue
- 7.4 St. Louis, MO 63130

- 8.1 AS
- 8.2 Lortz, William C.
- 8.3 #2 Oakleigh Lane
- 8.4 St. Louis, MO 63124

- 9.1 AS
- 9.2 Huelsing, Diane M.
- 9.3 6430 Gramond Drive
- 9.4 St. Louis, MO 63123