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Jan 24 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 # **P37477** (7)
1. Corporation Name
ENTERPRISE SOCIAL INVESTMENT CORPORATION



Principal Place of Business
**10227 WINCOPIN CIR
STE 810
COLUMBIA MD 21044
US**

Mailing Address
**10227 WINCOPIN CIR
STE 810
COLUMBIA MD 21044-3407
US**

3. Date Incorporated or Qualified
02/07/1992

3a. Date of Last Report
04/18/1996

4. FEI Number
52-1347105

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

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

25 Zip Country

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

30 Zip Country

9. Name and Address of Current Registered Agent
**THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME **SISSMAN, MARK**

STREET ADDRESS **810 AMRICAN CITY BLDG.**

CITY-ST-ZIP **COLUMBIA MD**

TITLE Y ☐ DELETE

NAME **HELMS, DIANA**

STREET ADDRESS **810 AMRICAN CITY BLDG.**

CITY-ST-ZIP **COLUMBIA MD**

TITLE SD ☐ DELETE

NAME **ROUSE, PATRICIA T.**

STREET ADDRESS **810 AMRICAN CITY BLDG.**

CITY-ST-ZIP **COLUMBIA MD**

TITLE D ☒ DELETE

NAME **ROUSE, JAMES W.**

STREET ADDRESS **810 AMRICAN CITY BLDG.**

CITY-ST-ZIP **COLUMBIA MD**

TITLE D ☐ DELETE

NAME **BERNDT, RICHARD O.**

STREET ADDRESS **810 AMRICAN CITY BLDG.**

CITY-ST-ZIP **COLUMBIA MD**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or changed, or on an attachment with an address.

SIGNATURE: Mark Sissman 1/10/97 410.964.0522

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)