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Mailing Address

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **P37477**

1. Corporation Name

Principal Place of Business

ENTERPRISE SOCIAL INVESTMENT CORPORATION

10227 WINCOPI STE 810 COLLIMBIA MD :		10227 WINCOPIN CIR STE 810 COLUMBIA MD 21044			DO NOT WRITE IN THIS	SPACE		
ÚS		US			3. Date Incorporated or Qualifed			
					02/07/1992			
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number	Apı	plied For	
21		26			52-1347105	No	t Applicable	
Suite, Apt. i	# etc	Suite, Apt. #, etc.				\$8.75 A	Additional	
	, 5.0.	27			5. Certifcate of Status Desired	Fee Re	quired	
City & State		City & State			6. Election Campaign Financing	\$5.00	May Be	
23	•	28			Trust Fund Contribution	Added to	· ·	
Zip	Country	Zip	Country	,	8. This corporation owes the current year Inta	naible		
_	[25]	29 30	ลิ์		Personal Property Tax.		□No	
24	9. Name and Address of Current		-		10. Name and Address of New Registered A	gent		
· .—	S. Italia dia radiose et sui i		81	Name				
THE	PRENTICE-HALL CORPORATION	SYSTEM INC.						
1201 HAYS STREET		82 Street Add		Street Add	tress (P.O. Box Number is Not Acceptable)		ļ	
SUITE 105		83			W. ST			
* * * * * * * * * * * * * * * * * * * *	AHASSEE FL 32301		100					
1766	·		84	City		85 Zip C	Code	
				<u> </u>	<u> </u>	1 1		
11. Pursuant t	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	, the abov	e-named corp	poration submits this statement for the purpose of ion's board of directors. I hereby accept the appoir	manging its Itment as rei	registered gistered	
onice or re	m familiar with, and accept the obligati	ons of, Section 607.0505, Florid	a Statutes	3	poration submits this statement for the purpose of ion's board of directors. I hereby accept the appoin		•	
SIGNATURE	- · · · · · · · · · · · · · · · · · · ·							_
OKINIONE	Signature, typed or printed name of registered agent			nt signature requir	red when reinstating) DATE		55.11.45	é
12.	OFFICERS AND) DIDECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	DIRECTO	RS IN 12	
12.				100				7
TITLE	PD	DELETE	1.1 TITLE		RESIDENT	Change	Addition	14416
	PD SISSMAN, MARK		1.1 TITLE	Mi	RESIDENT	Change		124 (44 K
TITLE	PD		1.1 TITLE	TADDRESS IC	RESIDENT ICHAEL CURRAN DZZZ WINCOPIN CIRCUE ST	Change		71 14 IC
TITLE NAME	PD SISSMAN, MARK	∑ DELETE	1.1 TITLE	T ADDRESS	RESIDENT ICHAEL CURRAN DZZ7 WINCOPIN CIRCUE ST DIUMBIA MD 21044	⊠Change E 810	Addition	114 / VODCO
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SISSMAN, MARK 810 AMRICAN CITY BLDG.	∑ DELETE	1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S	TADDRESS IC	RESIDENT ICHAEL CURTAN DOZZI WINCOPIN CIRCUE ST DIUMBIA MD 21044 REASURER I CFO	Change Change	Addition Addition	CD2C024 (44)
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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 607, 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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

COLUMBIA MD

PPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90021 013 ***150.00