## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # P93000053766 (0)

**ENANTI CORPORATION** 

では、「大きなないというない。」というでは、「ないできないできないできない。」というないではないではない。このは、「ないでは、「ないできない」というないできない。

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|---|--|---|--|--|---|---|
| Principal Place of Business Mailing Address                 |  |   |  |  | T REBUIDEN NED IDNOG KNIKA BRAIN DRINN DRINN DRINN BRAIN ANKRO KKNIN NORMA ANNIO BRAIN ADDA |   |
| 6761 GOLDEN<br>ORLANDO FL                                   |  | 6761 GOLDENEYE DRIVE<br>ORLANDO FL 32810-8089   |  |  |   |   |
|   |  |   |  |  | 3. Date Incorporated or Qualified   | Y '   |
| 2. Principal P  | Place of Business  | 2a. Mailing Address   |  |  | <b>07/26/1993</b> 4. FEI Number   | <b>02/19/1996</b> Applied For   |
| 21  | too or business  | 26  |  |  | 59-3273280  | Not Applicable  |
| Sulte, Apt.   | #, etc.  | Suite, Apt. #, etc.   |  |  | 5. Certificate of Status Desired  | \$8.75 Additional Fee Required  |
| City & Stat   | te .   | City & State  | · · · · · · · · · · · · · · · · · · ·        |  | Election Campaign Financing     Trust Fund Contribution                                     | \$5.00 May Be Added to Fees   |
| Zip<br>24   | Country 25   | Ζφ<br><b>29</b>   | Count  | ry   | 8. This corporation has liability for Florida Statutes                                      | or intangible tax under s. 199.032,                                     |
|   | 9. Name and Address of Current   | Registered Agent  |  |  | 10. Name and Address of New   | Registered Agent  |
| DECURTIS, DAVID<br>6761 GOLDENEYE DRIVE<br>ORLANDO FL 32810 |  |   |  | 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 |   |   |
|   |  |   | 8  | 4 City   | ·   | FI 85 Zip Code  |
| 11. Pursuant<br>office or a<br>agent, I a                   | to the provisions of Sections 607.0502 registered agent, or both, in the State our familiar with, and accept the obligat | and 607.1508, Florida Statute<br>of Florida, Such change was a<br>tions of, Section 607.0505, Flo | es, the abo<br>authorized to<br>orida Statut | ve-named<br>by the cor   | orporation submits this statement for the ration's board of directors. I hereby act         | e purpose of changing its registered cept the appointment as registered |
| SIGNATURE   |  | ,   |  |  |   |   |
|   | Signature, typed or printed name of registered agent   |   |  | gent signature   | quired when reinstating)  | DATE.   |
| 12.   | OFFICERS AND   | DELETE  | 13.  |  |   | FICERS AND DIRECTORS IN 12  X Change Addition                           |
| NAME  | PERSON, JOHN L   | C) pettir   | 1.2 NAM                                      |  | PERSON, JOHN L<br>239 Glencrest Driv  | Decough [7] Variation   |
| STREET ADDRESS  | 525 ESTATES PLACE  |   |  | :<br>F1 ADDRESS  | 239 Glencrest Priv  | e   |
| CITY-ST-ZIP   | LONGWOOD FL 32779  |   | 1.4 CITY                                     |  | Heathrow, FL 32   | 7H6   |
| TITLE   |  |   | 2.1 TITLE                                    |  |   | Change Addition   |
| NAME  | DECURTIS, DAVID  |   | 2.2 NAME                                     |  |   |   |
| STREET ADDRESS  | 6761 GOLDENEYE DRIVE   |   | 23 STRE                                      | FT ADDRESS   |   |   |
| CITY-ST-ZIP   | ORLANDO FL   | <del></del>   |  | - ST - ZIP   |   |   |
| TITLE   |  |   | 3.1 TITLE                                    |  |   | Change Addition   |
| NAME  |  |   | 3.2 NAMI                                     |  |   |   |
| STREET ADDRESS  |  |   | · ·  | T ADDRESS  |   |   |
| CITY-ST-ZIP   |  | DELETE  | 3.4 CITY<br>4.1 TITLE                        |  |   | Change Addition   |
| NAME  |  | F-1 C/ECE   F   | 4.1 TITLE                                    |  | *   | L. Change L. A00ilion   |
| STREET ADDRESS  | 2 × 2  |   |  | L<br>1 ADDRESS   |   |   |
| CITY-ST-ZIP   |  |   | 4.3 STRE                                     |  |   |   |
| TITLE   |  | ☐ DELETE  | 5.1 TITLE                                    |  |   | Change  |
| NAME  |  | _   | 5.2 NAMi                                     |  |   |   |
| STREET ADDRESS  |  |   |  | 1 ADDRESS  |   |   |
| CITY-ST-ZIP   |  |   | 5.4 CITY                                     |  |   | •   |

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 if changed, or on an attachment with an address.

8.3 STREET ADDRESS

6.2 NAME

SIGNATURE

NAME

STREET ADDRESS

J-SIGNATURE BOUTETT

DELETE

Max 8/97 407-5-22-8722

Addition

**FILED** 

Mar 13 1997 8:00am

Secretary of State