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

**CORPORATION** ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT** # P93000053766 (0)

**ENANTI CORPORATION** 

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**6761 GOLDENEYE DRIVE** 

ORLANDO FL 32810

City & State

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Principal Place of Business	Mailing Address					
6761 GOLDENEYE DRIVE ORLANDO FL 32610	6761 GOLDENEYE DRIVE ORLANDO FL 32810	DO NOT WRITE IN THIS SPACE				
		3. Date Incorporated or Qualified 07/26/1993				
2. Principal Place of Business 21	28. Mailing Address 26	4. FEI Number 59-3273280				
Suite, Apt. #, etc	Suite, Apt #, etc.	5. Certificate of Status Desired  \$8				

City & State

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9, Name and Address of Current Registered Agent

Block 12 or Block 13 if changed, or on an attachment with an address

**FILED** Apr 28 1998 8:00am Secretary of State

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 $\Box$ 

Yes Yes

8. This corporation owes or has paid the current year Intangible

April 20/28

8. Election Campaign Financing

Personal Property Tax due June 30.

10. Name and Address of New Registered Agent

Trust Fund Contribution

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

Applied For Not Applicable \$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

				City		FL	.	ip 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									_
	Signature, typed or protect rance of registered agent and ette if applicable		Agent	signature required whe		DATE	DIDECT	000 111 40	
12.	OFFICERS AND DIRECTORS	13.			ADDITIONS/CHANGES	10 OFFICERS AND			-
TITLE	D DELE	ETÉ 1.1 TIPL	LE				☐ Chang	e 🔲 Add	lition
NAME	PERSON, JOHN L	1.2 NAN	ME						
STREET ADDRESS	1239 GLENCREST DR.	1.3 STR	REET AC	DORESS					
CITY-S1-ZIP	HEATHROW FL	1.4 CITY	Y-ST-	ZIP					
TITLE	D DELE	ETE 21 TITL	LE				Chang	je 🔲 Add	dition
NAME	DECURTIS, DAVID	2.2 NAN	ME						
STREET ADDRESS	6761 GOLDENEYE DRIVE	2.3 STR	REET AL	DORESS					Į
CITY-ST-ZIP	ORLANDO FL	2. 4 CiT	TY-ST-	- ZIP					
#ITLE	□ DELE	ETE 31 TITL	LE				Chang	e 🔲 Add	lition
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CITY-ST-ZIP		4.4 CITY	Y-ST-	ZIP					
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TITLE	☐ DELE	ETE 6.1 THTL	LE				Chang	e Add	lition
NAME		6.2 NAM	ME						
STREET ADDRESS		6.3 STR	REET AL	DDRESS					ŀ
CITY-ST-7IP		64 000	V. ST.	.7IP					į.

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

Country

81 Name

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