

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000069966 (7)

1. Corporation Name

ENTERPRISE EXPRESS, INC.



Principal Place of Business

2814 CORRINE DRIVE
ORLANDO FL 32803

Mailing Address

2814 CORRINE DRIVE
ORLANDO FL 32803

2. Principal Place of Business

2a. Mailing Address

21 2814 CORRINE DRIVE

26 2814 CORRINE DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE A

27 SUITE A

City & State

City & State

23 ORLANDO FL

28 ORLANDO FL

Zip

Zip

Country

Country

24 32803

25 USA

29 32803

30 USA

g. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

09/22/1994

3a. Date of Last Report

03/28/1995

4. FEI Number

59-3274819

Applied For

Not Applicable

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

10. Name and Address of New Registered Agent

KATZ, LAWRENCE H
341 N. MAITLAND AVE.
SUITE 120
MAITLAND FL 32751

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature is required when resigning)

Date

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

CDP
DOWLER, FRANK I
7161 KNOTTY PINE AVENUE
WINTER PARK FL

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

DS
POPE, TROY
2621 ALOMA AVENUE
WINTER PARK FL

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

DT
CORY, DONALD
4326-8 PERSHING POINTE PLACE
ORLANDO FL

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Donald Cory

DONALD CORY TREASURER

APRIL 3, 1996

407,895,5001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Digitize Form #

CR2E034 (12/95)