

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

FILED  
Jan 22 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P96000033741 (5)

1. Corporation Name

ENTERPRISE VENTURES, INC.

Principal Place of Business

6719 WINKLER ROAD  
SUITE 121  
FORT MYERS FL 33919

Mailing Address

6719 WINKLER ROAD  
SUITE 121  
FORT MYERS FL 33919

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/17/1996

4. FEI Number

65-0665089

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

LUMSDEN, DENNIS J  
6719 WINKLER ROAD  
SUITE 121  
FORT MYERS FL 33919

10. Name and Address of New Registered Agent

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. 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 printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

12. TITLE

PSTD  
NAME SCHIFF, ALFRED N  
STREET ADDRESS 4802 CULBREATH ISLES RD.  
CITY-ST-ZIP TAMPA FL 33629

DELETE

13. TITLE

AS  
NAME VINCE, LINDA  
STREET ADDRESS 5580 ENTERPRISE PARKWAY  
CITY-ST-ZIP FT. MYERS FL 33905

DELETE

14. TITLE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

15. TITLE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

16. TITLE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

17. TITLE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

PD

Edward R. Andrus

4821 So. Landings Dr., #303

Fort Myers, FL 33919

Change Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

VPTD

Patricia Andrus

4821 So. Landings Dr., #303

Fort Myers, FL 33919

Change Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

VP9D

Lynne C. Taylor

6966 Overlook Drive

Fort Myers, FL 33919

Change Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Change Addition

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.

SIGNATURE

CP2E034 (10/97)