

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

FILED

May 12 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000092905 (4)

1. Corporation Name  
ENTERPRISE GROUP, INC.



Principal Place of Business  
611 W AZEELE STREET  
TAMPA FL 33606

Mailing Address  
611 W AZEELE STREET  
TAMPA FL 33606-2205

3. Date incorporated or Qualified 11/12/1996  
3a. Date of Last Report

2. Principal Place of Business  
21 3806 48th Ave. South  
Suite, Apt. #, etc.

2a. Mailing Address  
26 3806 48th Ave. South  
Suite, Apt. #, etc.

4. FEI Number 59-3414918  
Applied For  
Not Applicable

22 City & State  
23 St. Petersburg, Fl.

27 City & State  
28 St. Petersburg, Fl.

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

24 33711 25 Pinellas

29 33711 30 Pinellas

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

81 Name  
82 Scott F. Barnett, Esquire  
83 Street Address (P.O. Box Number is Not Acceptable)  
238 East Davis Boulevard, Suite 205  
84 City Tampa FL 85 Zip Code 33606

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 *Scott F. Barnett* DATE 4/18/97  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
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TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Gerardus J. Brekelmans	
1.3 STREET ADDRESS	3806-48th Ave. South	
1.4 CITY - ST - ZIP	St. Petersburg Fl. 33711	
2.1 TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Dr. William S. Konrad	
2.3 STREET ADDRESS	3806-48th Ave South	
2.4 CITY - ST - ZIP	St. Petersburg, Fl 33711	
3.1 TITLE	S T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Nancy Blonshine	
3.3 STREET ADDRESS	3806-48th Ave. South	
3.4 CITY - ST - ZIP	St. Petersburg, Fl. 33711	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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.

SIGNATURE: *Nancy Blonshine* DATE 4-23-97 DAYTIME PHONE 813-865-2305  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)