

03161999-90045-048-\$150.00-\$150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90045 048 ***150.00

DOCUMENT # P98000019649

1. Corporation Name
ENTERPRISE CONSULTING SERVICES, INC.



Principal Place of Business
7302 BLACKBERRY LANE N
JACKSONVILLE FL 32244

Mailing Address
7302 BLACKBERRY LANE N
JACKSONVILLE FL 32244

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-3497179	Applied For Not Applicable
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing <input type="checkbox"/>	\$5.00 May Be Added to Fees Trust Fund Contribution
Zip 24	Country 25	7. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	10. Name and Address of New Registered Agent
9. Name and Address of Current Registered Agent BROWN, JOHN A 7302 BLACKBERRY LANE N JACKSONVILLE FL 32244		81. Name	85. Zip Code FL
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		84. City	

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 translating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '99	
TITLE President	NAME John Brown	11. TITLE 12. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 7302 Blackberry Lane N	CITY-ST-ZIP Jacksonville FL 32244	13. STREET ADDRESS 14. CITY-ST-ZIP	
TITLE Vice President, Secretary	NAME Andris A. Brown	21. TITLE 22. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 7302 Blackberry Lane N	CITY-ST-ZIP Jacksonville FL 32244	23. STREET ADDRESS 24. CITY-ST-ZIP	
TITLE 	NAME 	31. TITLE 32. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	CITY-ST-ZIP 	33. STREET ADDRESS 34. CITY-ST-ZIP	
TITLE 	NAME 	41. TITLE 42. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	CITY-ST-ZIP 	43. STREET ADDRESS 44. CITY-ST-ZIP	
TITLE 	NAME 	51. TITLE 52. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	CITY-ST-ZIP 	53. STREET ADDRESS 54. CITY-ST-ZIP	
TITLE 	NAME 	61. TITLE 62. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	CITY-ST-ZIP 	63. STREET ADDRESS 64. CITY-ST-ZIP	

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 507, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE: *John Brown Andris A. Brown Vice President* **3-15-99 (904)777-8551**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)