

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

**FILED**  
**Apr 15, 1999 8:00 am**  
**Secretary of State**

04-15-1999 90035 009 \*\*\*158.75

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # P98000030085**

1. Corporation Name  
**ENSITE DESIGN CONSULTANTS, INC.**



Principal Place of Business 605 DELANEY AVE. ORLANDO FL 32801	Mailing Address 605 DELANEY AVE. ORLANDO FL 32801
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>605 E. ROBINSON ST.</b> Suite, Apt. #, etc. 22 <b>SUITE 610</b> City & State 23 <b>ORLANDO, FLORIDA</b> Zip 24 <b>32801</b> Country 25 <b>USA</b>		2a. Mailing Address 26 <b>605 E. ROBINSON ST</b> Suite, Apt. #, etc. 27 <b>SUITE 610</b> City & State 28 <b>ORLANDO, FLORIDA</b> Zip 29 <b>32801</b> Country 30 <b>USA</b>		3. Date Incorporated or Qualified <b>03/24/1998</b>		4. FEI Number <b>59-3502759</b> Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required			
				6. Election Campaign Financing-Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>COPE, MACK A</b> <b>605 DELANEY AVE.</b> <b>ORLANDO FL 32801</b>				10. Name and Address of New Registered Agent			
81 Name <b>MACK A. COPE</b>		82 Street Address (P.O. Box Number is Not Acceptable) <b>605 E. ROBINSON ST.</b>		83 <b>SUITE 610</b>		84 City <b>ORLANDO</b>	
				85 State <b>FL</b>		86 Zip Code <b>32801</b>	

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 *Mack A. Cope* DATE 4/7/99  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> DELETE <b>COPE, MACK A</b> <b>605 DELANEY AVE.</b> <b>ORLANDO FL 32801</b>	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>605 E. ROBINSON ST. SUITE 610</b> <b>ORLANDO FL 32801</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> DELETE <b>MURRAY, THOMAS J</b> <b>605 DELANEY AVE.</b> <b>ORLANDO FL 32801</b>	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>605 E. ROBINSON ST. SUITE 610</b> <b>ORLANDO FL 32801</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>D</b> <b>GERALD C. WARREN</b> <b>605 E. ROBINSON ST. SUITE 610</b> <b>ORLANDO FL 32801</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE: *Mack A. Cope* DATE 4/7/99 DAYTIME PHONE # 407 648-5388  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)