

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

**FILED**  
**May 06 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # S37657 (1)**  
 1. Corporation Name  
**ENTERPRISE MORTGAGE CORPORATION**



Principal Place of Business <b>1850 LEE ROAD                  STE 207                  WINTER PARK FL 32789                  US</b>	Mailing Address <b>1850 LEE ROAD                  STE 207                  WINTER PARK FL 32789-2106                  US</b>
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3. Date Incorporated or Qualified <b>03/05/1991</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>59-3055092</b>	Applied For <input type="checkbox"/> 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent  
**BALLERAS, ROLANDO D.  
 2023 SEPLER CT.  
 FERN PARK FL 32730**

10. Name and Address of New Registered Agent

81 Name <b>Carol A. Rowe</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>30721 George Dr.</b>
83
84 City <b>Tavares</b>
85 Zip Code <b>FL 32778</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 \_\_\_\_\_ Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE <b>PT</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>PT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BALLERAS, ROLANDO D.</b>		1.2 NAME <b>Carol A. Rowe</b>
STREET ADDRESS <b>2023 SEPLER CT</b>		1.3 STREET ADDRESS <b>30721 George Dr.</b>
CITY-ST-ZIP <b>FERN PARK FL</b>		1.4 CITY-ST-ZIP <b>Tavares, FL 32778</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE <b>V</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME <b>Thomas G. Rowe</b>
STREET ADDRESS		2.3 STREET ADDRESS <b>30721 George Dr.</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP <b>Tavares, FL 32778</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE <b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME <b>Ada K. Hebert</b>
STREET ADDRESS		3.3 STREET ADDRESS <b>2019 Seppler Ct.</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP <b>Fern Park, FL 32730</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE <b>S</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME <b>Lisa McBurney</b>
STREET ADDRESS		4.3 STREET ADDRESS <b>211 Diedrich St.</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP <b>Eustis, FL 32726</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		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 \_\_\_\_\_

CR2E034 (9/96)