

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

FILED  
May 15 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 # S37657 (1)

1. Corporation Name

ENTERPRISE MORTGAGE CORPORATION

Principal Place of Business

1850 LEE ROAD  
STE 207  
WINTER PARK FL 32789  
US

Mailing Address

1850 LEE ROAD  
STE 207  
WINTER PARK FL 32789  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/05/1991

4. FEI Number

59-3055082

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

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

ROWE, CAROL A.  
30721 GEORGE DR.  
TAVARES FL 32778

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

12. OFFICERS AND DIRECTORS

TITLE	PT	<input type="checkbox"/> DELETE
NAME	ROWE, CAROL A.	
STREET ADDRESS	30721 GEORGE DR.	
CITY- ST- ZIP	TAVARES FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ROWE, THOMAS G.	
STREET ADDRESS	30721 GEORGE DR.	
CITY- ST- ZIP	TAVARES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HEBERT, ADA K.	
STREET ADDRESS	2019 SEPLER CT.	
CITY- ST- ZIP	FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MCBURNIE, LISA	
STREET ADDRESS	211 DIEDRICH ST.	
CITY- ST- ZIP	EUSTIS FL	
TITLE	<del>Eveline Childress</del>	<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Graczyk, Lisa
4.3 STREET ADDRESS	211 Diedrich St.
4.4 CITY- ST- ZIP	Eustis, FL 32726
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Eveline Childress
5.3 STREET ADDRESS	8027 Shrewsbury Rd
5.4 CITY- ST- ZIP	Leitchfield, Ky 42754
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 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.

CR2E034 (10/97)