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Feb 18 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 # S44354

(6)

1. Corporation Name

ENTERPRISE RESOURCES, INC.

Principal Place of Business

51 LOUISIANA AVE., N.W.
WASHINGTON DC 20001

Mailing Address

51 LOUISIANA AVE., N.W.
WASHINGTON DC 20001-2105



3. Date Incorporated or Qualified

04/10/1991

3a. Date of Last Report

05/02/1996

4. FEI Number

52-1110072

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 has liability for intangible tax under s. 199.032,
Florida Statutes

Yes 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

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TOTH, STEPHEN P
800 N. MAGNOLIA AVENUE
SUITE 1300
ORLANDO FL 32803

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE C
NAME NASON, CHARLES T
STREET ADDRESS 18 BEMAN WOODS CT
CITY- ST- ZIP POTOMAC MD

DELETE

TITLE D
NAME CLYDE, ROBERT W
STREET ADDRESS 11612 ROLLING MEADOW DR
CITY- ST- ZIP GREAT FALLS VA

DELETE

TITLE D
NAME ARITURK, HALUK
STREET ADDRESS 9232 VENDOME DR.
CITY- ST- ZIP BETHESDA MD

DELETE

TITLE S
NAME FEDALEN, RICHARD J
STREET ADDRESS 311 WATERFORD RD
CITY- ST- ZIP SILVER SPRING MD 20901

DELETE

TITLE T
NAME GLOWICZ, LEONA M.
STREET ADDRESS 5268 LEESTONE CT.
CITY- ST- ZIP SPRINGFIELD VA 22151

DELETE

TITLE D
NAME SANDS, ROBERT JOHN
STREET ADDRESS RT. 1, BOX 336
CITY- ST- ZIP PURCELLVILLE VA 22132

DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

Change Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

Change Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

Change Addition

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:

Liona M. Glowicz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/97
Date

(202) 629-4500
Daytime Phone #

CR2E034 (9/96)