

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # F94000003577 (3)**

1. Corporation Name  
**EMPRISE INTERNATIONAL, INC.**



Principal Place of Business: **2010 HIGHWAY 360 NORTH GRAND PRAIRIE TX 75050**  
Mailing Address: **2010 HIGHWAY 360 NORTH GRAND PRAIRIE TX 75050**

3. Date Incorporated or Qualified: **07/08/1994**  
3a. Date of Last Report: **06/27/1995**  
4. FEI Number: **75-2508900**  
Applied For:  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: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30  
21: Suite, Apt. #, etc.  
22: City & State  
23: Zip, Country  
24: Country

9. Name and Address of Current Registered Agent  
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS ST.  
SUITE 105  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent  
B1: Name  
B2: Street Address (P.O. Box Number is Not Acceptable)  
B3: City  
B4: City  
B5: 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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when re-registering.

12. OFFICERS AND DIRECTORS		
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>CASTER, SAMUEL L</b>	
STREET ADDRESS	<b>801 COBBLESTONE CT.</b>	
CITY-ST-ZIP	<b>CEDAR HILL TX 76104</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>WATSON, GARY</b>	
STREET ADDRESS	<b>2460 SPRING RD.</b>	
CITY-ST-ZIP	<b>GAINESVILLE GA 30504</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>FIORETTI, SKIP</b>	
STREET ADDRESS	<b>8635 N. 65TH ST.</b>	
CITY-ST-ZIP	<b>PARADISE VALLEY AZ 85253</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>FIORETTI, WILLIAM C</b>	
STREET ADDRESS	<b>2937 CREEKWOOD</b>	
CITY-ST-ZIP	<b>GRAPEVINE TX 76051</b>	
TITLE		<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 type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **GARY L. WATSON, SECRETARY** Date: **4/29/96**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)