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PROFIT
CORPORATION
ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000018538 (4)

URBAN ENTERPRISES, INC.

FILED Mar 19 1997 8:00am Secretary of State

 	II Gr af Co iff	01/90 (010) [014 100

	se of Business	Mailing Address			MAINI (INA) INIBI AISA (IIA) MIS (INA)
2854 COVENTE		2854 COVENTRY DR			
SARASOTA FL	34231	SARASOTA FL 34231-692	(4		
				 Date Incorporated or Qualified 02/26/1996 	3a. Date of Last Report
2. Principal F 21	hace of Business	2a. Mailing Address 26		4. FEI Number 65 - 8641894	Applied F Not Appli
Suite, Apt	#, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Addition
City & Stat	te	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May B
Ž(β) 24	Country 25	Zip 29	Country 30	8. This corporation has liability for in Florida Statutes	ntangible tax under s 199 03 ¶Yes □ No
	9. Name and Address of Cu	rrent Registered Agent		10. Name and Address of New Re-	gistered Agent
UKE	BAN, JOHN		81 Name		
285	4 COVENTRY DR PASOTA FL 34231		82 Street A	ddress (P.O. Box Number is Not Acceptab	le)
·	MOOTA LE OTEUT		83		
			84 City		FL 85 Zip Code
11 Pursuant	In the provisions of Sections 607	0502 and 607.1508. Florida Statu	ules, the above-named c	orporation submits this statement for the p	
office or agent + a	registered agent or both, in the S am familiar with and accept the c	State of Florida. Such change was	s authorized by the corpo	oration's board of directors. I hereby accep	of the appointment as registe
SIGNATURE	Stgrut in Typed or per tour aims of registers	of agent and title, if applicable (NK	DTL: Registered Agent signature re	equired when re-instating)	DATE
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
Wil	PTSD	DELETE	1 1 TITLE		Dhange Ac
					• •
NAM	URBAN, JOHN		12 NAME		
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4. 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 believated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same logal 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 Biolek 12 or Block 13 if chimpad, or on an attachment with an address.

SIGNATURE:

CONTURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

3-14-97 941 922 5669