

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 # **G11113 (9)**

1. Corporation Name
AU-EN ENTERPRISES, INC.



Principal Place of Business: ~~POST OFFICE BOX 6017~~
601 SE 35TH TERRACE
CAPE CORAL FL 33904
US

Mailing Address: ~~POST OFFICE BOX 6017~~
FT. MYERS FL 33911-3817

3. Date Incorporated or Qualified 12/01/1982	3a. Date of Last Report 03/16/1995
4. FEI Number 59-2230848	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21. 601 SE 35th Terrace Suite, Apt #, etc.	2a. Mailing Address 26. 601 SE 35th Terrace Suite, Apt #, etc.
22. City & State 23. Cape Coral FL	27. City & State 28. Cape Coral FL
24. Zip 33904 25. Country USA	29. Zip 33904 30. Country USA

9. Name and Address of Current Registered Agent

**JACKSON, ROBERT L
601 S.E. 35TH TERRACE
CAPE CORAL FL 33904**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83.	
84. City	

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 date acceptable. (NOTE: Registered Agent signature required when "existing")

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1. 1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PVD JACKSON, ROBERT L.	1. 2. NAME	
STREET ADDRESS	601 S.E. 35TH TERRACE	1. 3. STREET ADDRESS	
CITY- ST- ZIP	CAPE CORAL FL	1. 4. CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	2. 1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SD COLEMAN, MARGARET	2. 2. NAME	
STREET ADDRESS	6410 BRIARCLIFF RD.	2. 3. STREET ADDRESS	
CITY- ST- ZIP	FT. MYERS FL	2. 4. CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	3. 1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TD SCHUTT, PAMELA	3. 2. NAME	
STREET ADDRESS	4331 RIVERGROVE LN.	3. 3. STREET ADDRESS	
CITY- ST- ZIP	FT. MYERS FL	3. 4. CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	4. 1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4. 2. NAME	
STREET ADDRESS		4. 3. STREET ADDRESS	
CITY- ST- ZIP		4. 4. CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	5. 1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: *Pamela S. Schutt* **Pamela S. Schutt** **3-11-96 (941)945-4161**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)