

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G11113** (9)

1. Corporation Name

AU-EN ENTERPRISES, INC.



Principal Place of Business

Mailing Address

~~POST OFFICE BOX 6817~~
601 SE 35TH TERRACE
CAPE CORAL FL 33904
US

~~POST OFFICE BOX 6817~~
FT. MYERS FL 33911-3817

3. Date Incorporated or Qualified
12/01/1982

3a. Date of Last Report
03/16/1995

2. Principal Place of Business

2a. Mailing Address

21 **601 SE 35th Terrace**

26 **601 SE 35th Terrace**

4. FEI Number

59-2230848

Applied For

Not Applicable

22 City & State

27 City & State

23 **Cape Coral FL**

28 **Cape Coral FL**

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

24 **33904**

25 **USA**

29 **33904**

30 **USA**

8. This corporation has liability for intangible tax under s 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 not applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
	PVD			<input type="checkbox"/> DELETE			
	JACKSON, ROBERT L.						
	601 S.E. 35TH TERRACE						
	CAPE CORAL FL						
	SD			<input type="checkbox"/> DELETE			
	COLEMAN, MARGARET						
	6410 BRIARCLIFF RD.						
	FT. MYERS FL						
	TD			<input type="checkbox"/> DELETE			
	SCHUTT, PAMELA						
	4331 RIVERGROVE LN.						
	FT. MYERS FL						
				<input type="checkbox"/> DELETE			
				<input type="checkbox"/> DELETE			
				<input type="checkbox"/> DELETE			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP	5. TITLE	6. NAME	7. STREET ADDRESS	8. CITY - ST - ZIP
				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
				<input type="checkbox"/> Change <input type="checkbox"/> Addition			

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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-96 (941) 945-4161

Date

Daytime Phone #

CR2E034 (12/95)