


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 21 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 # K68846 (0) | | | |
| 1. Corporation Name AGRIPPA ENTERPRISES, INC. | | | |
| Principal Place of Business P.O. BOX 175 VENICE FL 34243 4983 79TH AVE DRE SARASOTA FL 34243 | | Mailing Address P.O. BOX 175 VENICE FL 34243-0175 4983 79TH AVE DRE SARASOTA FL 34243 | |
| 2. Principal Place of Business 21 4983 79TH AVE DRE Suite, Apt. #, etc. 22 City & State 23 SARASOTA FL Zip 24 34243 Country 25 USA | | 2a. Mailing Address 26 4983 79TH AVE DRE Suite, Apt. #, etc. 27 City & State 28 SARASOTA FL Zip 29 34243 Country 30 USA | |
| 3. Date Incorporated or Qualified 02/22/1989 | | 3a. Date of Last Report 03/22/1996 | |
| 4. FEI Number 65-0100791 | | Applied For 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 type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 9. Name and Address of Current Registered Agent HEBERT, ROBERT 2905 HERMITAGE BLVD. VENICE FL 34292 | | 10. Name and Address of New Registered Agent 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 | P <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HEBERT, ROBERT | 1.2 NAME | |
| STREET ADDRESS | 2905 HERMITAGE BLVD. | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | VENICE FL | 1.4 CITY - ST - ZIP | |
| TITLE | ST <input type="checkbox"/> DELETE | 2.1 TITLE | PT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DENARO, JOHN M | 2.2 NAME | |
| STREET ADDRESS | 4983 79TH AVE DR E | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | SARASOTA FL 34243 | 2.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 3.2 NAME | RAY MACAULAY |
| STREET ADDRESS | | 3.3 STREET ADDRESS | 988 BOULEVARD OF THE ARTS #610 |
| CITY - ST - ZIP | | 3.4 CITY - ST - ZIP | SARASOTA FL 34236 |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 4.2 NAME | C. PATRICK MACAULAY |
| STREET ADDRESS | | 4.3 STREET ADDRESS | 988 BOULEVARD OF THE ARTS #610 |
| CITY - ST - ZIP | | 4.4 CITY - ST - ZIP | SARASOTA FL 34236 |
| 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 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: John M. Denaro | | 4/12/97 (941) 355-7876 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date Daytime Phone # | |

CR2E034 (9/96)