


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 95 MAY -1 AM 8:19

DOCUMENT # N41417 (9)

1. Corporation Name
NATIONAL ASSOCIATION OF ENTREPRENEURS, INC.

Principal Place of Business 255 SOUTH ORANGE AVENUE, 6th Flr. ORLANDO FL 32801	Mailing Address 255 SOUTH ORANGE AVENUE, 6th Flr. ORLANDO FL 32801
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/26/1990	3a. Date of Last Report 04/08/1994
4. FEI Number 59-3048847	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	
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/> \$68.75 Supplemental Fee Not Required	
8. This corporation has liability for intangible tax under C. 193.002, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 255 S. Orange Ave.	2a. Mailing Address 26 255 S. Orange Ave.
22 Suite, Apt. #, etc. 6th Floor	27 Suite, Apt. #, etc. 6th Floor
23 City & State Orlando, FL	28 City & State Orlando, FL
24 Zip 32801	25 Country Orange
29 Zip 32801	30 Country Orange

9. Name and Address of Current Registered Agent

**PINO, LAURENCE J.
 255 S. ORANGE AVE., 6th Floor
 ORLANDO FL 32801**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE DP	NAME PINO, LAURENCE J.
STREET ADDRESS P.O. BOX 1511	CITY - ST - ZIP ORLANDO FL
TITLE VPT	NAME PINO, LAURENCE J.
STREET ADDRESS 24 S. ORANGE AVENUE	CITY - ST - ZIP ORLANDO FL
TITLE D	NAME HORVATH-PINO, JANET
STREET ADDRESS 24 S. ORANGE AVENUE	CITY - ST - ZIP ORLANDO FL
TITLE D	NAME BESHERE, TINA
STREET ADDRESS 24 S. ORANGE AVENUE	CITY - ST - ZIP ORLANDO FL
TITLE S	NAME WILSON, PATRICIA T.
STREET ADDRESS 24 S ORANGE AVE	CITY - ST - ZIP ORLANDO FL
TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
1.2 NAME PINO, LAURENCE J.	
1.3 STREET ADDRESS 255 S. Orange Ave., 6th Floor	
1.4 CITY - ST - ZIP ORLANDO, FL 32801	
2.1 TITLE D P VP	Change <input checked="" type="checkbox"/> Addition <input checked="" type="checkbox"/>
2.2 NAME BRACKNELL, DEBORAH J.	
2.3 STREET ADDRESS 255 S. Orange Ave., 6th Floor	
2.4 CITY - ST - ZIP Orlando FL 32801	
3.1 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
3.2 NAME	
3.3 STREET ADDRESS 255 S. Orange ave., 6th Floor	
3.4 CITY - ST - ZIP	
4.1 TITLE D T	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
4.2 NAME BESHER, TINA	
4.3 STREET ADDRESS 255 S. Orange Ave., 6th Floor	
4.4 CITY - ST - ZIP Orlando, FL 32801	
5.1 TITLE D S	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
5.2 NAME WILSON, PATRICIA T.	
5.3 STREET ADDRESS 255 S. Orange Ave., 6th Floor	
5.4 CITY - ST - ZIP Orlando, FL 32801	
6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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 118.07(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 017, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: Deborah J. Bracknell **4/25/95** **407-425-7831**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Deborah J. Bracknell, President