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Apr 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N41417 (9)

1. Corporation Name
NATIONAL ASSOCIATION OF ENTREPRENEURS, INC.
American Cash Flow Association, Inc. N/C 12/23/96



Principal Place of Business Mailing Address
255 S. ORANGE AVE. SIXTH FLOOR ORLANDO FL 32801 US
P.O. BOX 2668 ORLANDO FL 32802-2668

3. Date Incorporated or Qualified 12/26/1990
3a. Date of Last Report 04/16/1996
4. FEI Number 59-3048847 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt #, etc. 26 Suite, Apt #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRACKNELL, DEBORAH J
255 S ORANGE AVE 6TH FLOOR
SIXTH DOOR
ORLANDO FL 32801

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 617.0502 and 617.1508, 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 617.0503, 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
TITLE D DELETE
NAME PINO, LAURENCE J.
STREET ADDRESS 255 S ORANGE AVE 6TH FLOOR
CITY-ST-ZIP ORLANDO FL
TITLE DPV DELETE
NAME BRACKNELL, DEBORAH J
STREET ADDRESS 255 S ORANGE AVE 6TH FLOOR
CITY-ST-ZIP ORLANDO FL
TITLE D DELETE
NAME HORVATH-PINO, JANET
STREET ADDRESS 255 S ORANGE AVE 6TH FLOOR
CITY-ST-ZIP ORLANDO FL
TITLE DT DELETE
NAME BESHRE, TINA
STREET ADDRESS 255 S ORANGE AVE 6TH FLOOR
CITY-ST-ZIP ORLANDO FL
TITLE DS DELETE
NAME WILSON, PATRICIA T
STREET ADDRESS 255 S ORANGE AVE 6TH FLOOR
CITY-ST-ZIP ORLANDO FL
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] 3-24-97 407-425-2831
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0018148

CR2E037 (9/96)