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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

N44321

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ENGLEWOOD EXECUTIVE NETWORK, INC.

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May 20 1997 8:00am
Secretary of State
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Principal Place	e of Business	Mailing Address		a section an army minds into 1100	, (12) B(\$1) 6(B)( 0) 6() (10)	
3285 PLACIDA I	ROAD	3285 PLACID ROAD				
SUITE A	:1 24224	SUITE A ENGLEWOOD FL 34224-96	74			
ENGLEWOOD FL 34224 US		US		3. Date incorporated or Qualified 06/28/1991	3a. Date of Last F 04/16/19	
	ace of Business	2a. Mailing Address	£ 40 0 4 0	4. FEI Number NOT APPLICABLE	N	pplied For
1 りりより Suite, Apt. #	W DEARBORN	28 492 W D Sulte, Apt. #, etc.	EARBORN S	1 HOT AFFLIOADEE		ot Applicab
2	, BIC.	27		5. Certificate of Status Desired	1 1 " " "	Additional equired
City & State		City & State		6. Election Campaign Financing	**************	May Be
3 ENGL	EWOOD FLA	28 ENGLEWOO	D FLA	Trust Fund Contribution		to Fees
Zip	Country	Zip	Country	8. This corporation has liability for		. 199.032,
34223			30 SARASOTA		Yes No	
	9. Name and Address of Curren	r negistered Agent	81 Name	10. Name and Address of New Re	distated Agent	
ALBERTA.	TERRY I		301			
	TERRY L		82 Street Add	idress (P.O. Box Number is Not Acceptat	Y ST	
	ACIDA ROAD		83 71.73	IZ W DEARBOR	JY 67-Y	
SUITE A	VOOD FL 34224					
CHOLEN	1000 FL 34224		84 City	COOW319C	FL 85 Zip	Code コンろ
11. Pursuant to	o the provisions of Sections 617.050	2 and 617.1508. Florida Statute	امرات ا es. the above-named co	progration submits this statement for the r		
office or re	egistered agent, or both, if the State	di Florida. Such change was a	authorized by the corpora	proporation submits this statement for the pration's board of directors. I hereby acceptation	ot the appointment as	registered
agent ran	ii isiiiliai wiii, and accept ii ecolliga	ions of, section 617.0503, Fic	nda siaidies.		5/1/00	
	\#65C\K.	A.			2///47	
SIGNATURE	Signylyire, haped or printed name of registered ago	pt. It title if applicable. (NOTE	E: Registered Agent signature req	quired when reinstating)	DATE	
/ 's	Signature, Need or printed name of registered new OFFICERS AN	D DIRECTORS	E: Registered Agent signature req	quired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DIRECTOR	
) -s	OFFICERS AN	·· · · · · · · · · · · · · · · · · · ·	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICE	DATE	
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4. To hereby certify that the information supplied with risk filling obes not quality for the exemption stated in Section 119.07(3)(f), Prohiba Statutes. Further certify that the information indicated on this annual report is 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:X\_

941.

941-474-3261 5/1/97