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May 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N44321 (0)

1. Corporation Name
ENGLEWOOD EXECUTIVE NETWORK, INC.



Principal Place of Business 452 W DEARBORN ENGLEWOOD FL 34223 US	Mailing Address 3285 PLACID ROAD ENGLEWOOD FL 34223 US
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3. Date Incorporated or Qualified 06/28/1991	
4. FEI Number NOT APPLICABLE	Applied For Not Applicable
6. 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. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 1855 Gulf Blvd	2a. Mailing Address 26 298 So. Indiana Ave.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Englewood FL	City & State 28 Englewood, FL
Zip 24 34223	Country 25 US
Zip 29 34223	Country 30 US

9. Name and Address of Current Registered Agent

**MCCARTHY, JOE
542 W. DEARBORN ST
ENGLEWOOD FL 34223**

10. Name and Address of New Registered Agent

81 Name
Dawn Pressly c/o SunTrust

82 Street Address (P.O. Box Number is Not Acceptable)
298 So. Indiana Ave.

83 **Englewood, FL**

84 City
FL

85 Zip Code
34223

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 **Dawn Pressly, Treas.** DATE **4-20-98**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, DALE	
STREET ADDRESS	2950 S. MCCALL RD	
CITY-ST-ZIP	ENGLEWOOD FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, DALE	
STREET ADDRESS	3385 S MCCALL RD	
CITY-ST-ZIP	ENGLEWOOD FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	MCCALLISTER, CHARLES	
STREET ADDRESS	2131 TAMiami TR	
CITY-ST-ZIP	VENICE FL	
TITLE	TR	<input checked="" type="checkbox"/> DELETE
NAME	MCCARTHY, JOE	
STREET ADDRESS	452 W DEARBORN ST	
CITY-ST-ZIP	ENGLEWOOD FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BURDICK, BILL	
STREET ADDRESS	3700 ACCESS RD N.	
CITY-ST-ZIP	ENGLEWOOD FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	TRUEx, BILL	
STREET ADDRESS	579 S INDIANA AVE.	
CITY-ST-ZIP	ENGLEWOOD FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	Lynn Flatt, Pres	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	51 Bay Heights W.	
1.3 STREET ADDRESS	Englewood, FL 34223	
1.4 CITY-ST-ZIP	Englewood, FL 34223	
2.1 TITLE	Bill Burdick, VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	3700 S. McCall Rd	
2.3 STREET ADDRESS	Englewood, FL 34224	
2.4 CITY-ST-ZIP	Englewood, FL 34224	
3.1 TITLE	George Wilson Sec	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	121 S. Indiana Ave.	
3.3 STREET ADDRESS	Englewood, FL 34223	
3.4 CITY-ST-ZIP	Englewood, FL 34223	
4.1 TITLE	Dawn Pressly, Treas.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	298 So Indiana Ave	
4.3 STREET ADDRESS	Englewood, FL 34223	
4.4 CITY-ST-ZIP	Englewood, FL 34223	
5.1 TITLE	John & Stefanie Mead D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	425 Dearborn St.	
5.3 STREET ADDRESS	Englewood, FL 34223	
5.4 CITY-ST-ZIP	Englewood, FL 34223	
6.1 TITLE	Margo Grimshaw	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	46 Annapolis Lane D	
6.3 STREET ADDRESS	Rotonda, FL 33947	
6.4 CITY-ST-ZIP	Rotonda, FL 33947	

14. I 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: **Dawn Pressly, Treas.** DATE: **4/20/98 (011-473-5702)**

CP2E037 (10/97)