

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jul 09, 1999 8:00 am
Secretary of State

07-09-1999 90017 017 ****61.25

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **N44321** ✓

1. Corporation Name

ENGLEWOOD EXECUTIVE NETWORK, INC.



Principal Place of Business

1855 GULF BLVD
 ENGLEWOOD FL 34223
 US

Mailing Address

298 S INDIANA AVE
 ENGLEWOOD FL 34223
 US

2. Principal Place of Business

1 **Stefano's Family Restaurant**

2a. Mailing Address

2 **SunTrust** ANN: **DAWN PRESSLY**

3. Date Incorporated or Qualified

06/28/1991

Suite, Apt. #, etc.

2 **401 S. Indiana Ave**

Suite, Apt. #, etc.

27 **298 S. Indiana Av**

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

City & State

3 **Englewood FL**

City & State

28 **Englewood Fl**

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip Country

4 **34223** 25

Zip Country

29 **34223** 30

6. Election Campaign Financing

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

DAWN PRESSLY % SUNTRUST
298 S INDIANA AVE
ENGLEWOOD FL 34223

10. Name and Address of New Registered Agent

81 Name **SAME**

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 **Dawn Pressly, Inc.**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Dawn Pressly

7/2/99

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
P	LYNN FLATT	51 BAY HEIGHTS W	ENGLEWOOD FL 34223	<input checked="" type="checkbox"/>
VP	BILL BURDICK	3700 S MCCALL RD	ENGLEWOOD FL 34224	<input checked="" type="checkbox"/>
S	GEORGE WILSON	121 S INDIANA AVE	ENGLEWOOD FL 34223	<input checked="" type="checkbox"/>
T	DAWN PRESSLY	298 S INDIANA AVE	ENGLEWOOD FL 34223	<input type="checkbox"/>
D	JOHN & STEFANIE MEAD	425 DEARBORN ST	ENGLEWOOD FL 34223	<input checked="" type="checkbox"/>
D	MARGO GRIMSHAW	46 ANAPOLIS LN	ROTONDA FL 33947	<input checked="" type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
Pres	Bill Burdick	500 Venice Bypass S.	Venice, Fl 34292	<input type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Dean Hanewinkel, PA	2800 Placida Rd.	Englewood, Fl 34224		
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
	Joseph Mason	4212 N. Access Rd Ste E	Englewood, Fl 34224		
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
	SAME				
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Stefanie Mead	425 Dearborn St	Englewood, Fl 34223		
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	George Wilson	450 Wt. Dearborn	Englewood, Fl 34223		

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, with all other like empowered.

SIGNATURE: **Dawn Pressly**

7/2/99

941-473-5702

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)