

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **N48093** (1)  
1. Corporation Name

**ACADEMY OF ENTREPRENEURSHIP, INC.**



Principal Place of Business: 1800 HWY. U.S.1 VERO BEACH FL 32960  
Mailing Address: 1800 HWY. U.S. 1 VERO BEACH FL 32960 US

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30

3. Date Incorporated or Qualified: 03/25/1992  
3a. Date of Last Report: 02/10/1995  
4. FEI Number: 59-0311743 - 59-311743  
5. Certificate of Status Desired: \$8.75 Additional Fee Required  
6. Election Campaign Financing: \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes  No

9. Name and Address of Current Registered Agent  
**PREST, JOHN**  
**906 HOLOMA DRIVE**  
**VERO BEACH FL 32963**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: **FL**

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 I accept, the obligations of Section 617.0503, Florida Statutes.

SIGNATURE: *John Prest* Chairman 1-18-96  
(NOTE: Registered Agent Signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

1101	<input type="checkbox"/> DELETE	C	PREST, JOHN	906 HOLOMA DRIVE	VERO BCH. FL
1102	<input type="checkbox"/> DELETE	D	RAV, LORRAINE	1796 SEAGROVE DRIVE	VERO BEACH FL
1103	<input type="checkbox"/> DELETE	D	ROGERS, MARILYN	64 WOODLAND DRIVE #102	VERO BCH. FL
1104	<input type="checkbox"/> DELETE	D	RICHARDSON, DAN	1626 90TH AVE.	VERO BCH. FL 32960
1105	<input type="checkbox"/> DELETE	S	BRAND, BOB	405 LIVE OAK ROAD	VERO BCH. FL
1106	<input type="checkbox"/> DELETE	T	WADDELL, GENE	8155 25TH ST.	VERO BCH. FL 32960

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1111	<input type="checkbox"/> Change <input type="checkbox"/> Addition	11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY - ST - ZIP
1112	<input type="checkbox"/> Change <input type="checkbox"/> Addition	21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY - ST - ZIP
1113	<input type="checkbox"/> Change <input type="checkbox"/> Addition	31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY - ST - ZIP
1114	<input type="checkbox"/> Change <input type="checkbox"/> Addition	41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY - ST - ZIP
1115	<input type="checkbox"/> Change <input type="checkbox"/> Addition	51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY - ST - ZIP
1116	<input type="checkbox"/> Change <input type="checkbox"/> Addition	61 TITLE	62 NAME	63 STREET ADDRESS	64 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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *John Prest* John Prest 1-18-96 407-770-2665  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)