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Secretary of State

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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # N48093

1. Corporation Name

ACADEMY OF ENTREPRENEURSHIP, INC.

487037 - 90025 - 50

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

Suite, Apt. #, etc.

22

City & State

23

Zip

25

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

30

Country

3. Date Incorporated or Qualified

03/25/1992

4. FEI Number

59-3117743

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Election Campaign Financing

\$5.00 May Be
 Added to Fees

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

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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
C	PREST, JOHN	123 PARK SHORES CIRCLE 26-E	VERO BCH. FL	<input checked="" type="checkbox"/>
D	RAU, LORRAINE	1796 SEAGROVE DR	VERO BEACH FL	<input checked="" type="checkbox"/>
D	ROGERS, MARILYN	64 WOODLAND DRIVE #102	VERO BCH. FL	<input type="checkbox"/>
D	WAINWRIGHT, ANDY	325 GREYTWIG ROAD	VERO BEACH FL 32960	<input type="checkbox"/>
S	BRAND, BOB	405 LIVE OAK ROAD	VERO BCH. FL	<input checked="" type="checkbox"/>
S	JOHNSON, WILLIAM	5797 MAGNOLIA LANE	VERO BCH. FL 32960	<input 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
Chairman	Farrar, Tilney	1515 Orchid Drive	VERO Beach, FL. 32960	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Treasurer	Riley, Randy	1717 Indian River Blvd.	VERO Beach, FL. 32960	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-99

(561) 770-2665

Date

Daytime Phone #

CR2E037 (11/98)