FILE NOW: FILING FEE IS \$61.25

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

303-B ANASTASIA BOULEVARD

SAINT AUGUSTINE FL 32084-4506

NONPROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

303-B ANASTASIA BOULEVARD SAINT AUGUSTINE FL 32084

2. Principal Place of Business

Suite, Apt. #, etc.



FLORIDA DEPARTMENT OF STATE

FILED

Jan 24 1997 8:00am

3. Date Incorporated or Qualified 01/17/1996

5. Certificate of Status Desired

Secretary of State

3a. Date of Last Report

Applied For Not Applicable

\$8.75 Additional

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 1. Corporation Name N96000000291 (2)

ANCIENT CITY ENTREPRENEURS, INC.

22		27					1				Fee me	quiieu j												
City & State		City	City & State				1	ion Campaign Fir Fund Contributio			\$5.00 Added 1													
Zip	Country Zip			Country	~		 																	
24	25	29	3	¬ ′			8. This corporation has liability for intangible tax under Florida Statutes					199.032,												
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent																			
						Name																		
THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD 343 ALMERIA AVENUE CORAL GABLES FL 33134					١.,	Otroot Addro	oo (D.O. B	ou Number is Net	Assantak		·····													
					2 Street Address (P.O. Box Number is Not Acceptable) 3 Lip Code																			
																84	'	City				FL	85 Zip (code
												office or re	to the provisions of Sections 617.050, egistered agent, or both, in the State	of Florida, Su	ch change was aut	thorized by	y th	amed corpore	oration subj on's board	mits this stateme of directors. I her	nt for the preby accep	surpose of of the appr	changing it cintment as	s registered registered
J	m familiar with, and accept the obliga	itions of, Sec	tion 617.0503, Florid	da Statutes	S.																			
SIGNATURE _	Signature, typed or printed name of registered age	nt and title if applic	cable (NOTE: F	Registered Age	ent e	signature required				DATE	<u> </u>													
12.	OFFICERS AND	DIRECTOR		13.			ADDIT	IONS/CHANGES	TO OFFIC	ERS AND														
THTLE	P		☐ DELETE	1.1 TITLE							☐ Change	Addition												
NAME	ARCHETKO, PAUL M	_		1.2 NAME																				
STREET ADDRESS	303-B ANASTASIA BOULEVAR	D		1.3 STREET	T AD	DRESS																		
CITY-ST-ZIP	SAINT AUGUSTINE FL 32084			1.4 CITY - S	ST- 2	ZIP																		
TITLE	V		☐ DELETE	2.1 TITLE							☐ Change	Addition												
NAME	MAURIZZIO, DON			2.2 NAME																				
STREET ADDRESS	303-B ANASTASIA BOULEVAR	D		2.3 STREET	T AD	DRESS																		
CITY-ST-ZIP	SAINT AUGUSTINE FL 32084	··		2. 4 CITY-	ST-	ZiP					1 4													
THILE	S DELETE			3.1 TITLE							Change													
NAME	MALLIET, DAWN	_		3.2 NAME																				
STREET ADDRESS	303-B ANASTASIA BOULEVAR		3.3 STREET ADDRESS																					
CITY-ST-ZIP					3.4. CITY-ST-ZIP						1 2													
TITLE	D	☐ DELETE	4.1 TITLE							Change	☐ Addition													
NAME	VERDUZCO, TINA M	_		4. 2 NAME																				
STREET ADDRESS	303-B ANASTASIA BOULEVAR	ט		4.3 STREET	TAD	DRESS																		
CITY-ST-ZIP	SAINT AUGUSTINE FL 32084		T DELETE	4.4 City - 5	5T - 7	ZIP					7 1 0:	- L. 1. 601												
TITLE	D		☐ DELETE	5.1 TITLE							Change	Addition												
NAME	BRADLEY, SUSAN	_		5.2 NAME																				
STREET ADDRESS	303-B ANASTASIA BOULEVAR	D		5.3 STREET	T AD	DRESS																		
CITY-ST-ZIP				5.4 CITY - S	ST - 2	ZIP					T-1	F****												
TITLE	_		6.1 TITLE							Change	Addition													
NAME	JOHNSON, NIKI	_		6.2 NAME																				
STREET ADDRESS				6.3 STREET	EET ADDRESS																			
CITY-ST-ZIP	SAINT AUGUSTINE FL 32084			6.4 CITY - S	ST-7	ZIP																		
information I am an of appears in	by certify that the information supplied in indicated on this period peport or s fficer or director of the conforation or in Block 12 or Block 13 if changed, or	s with this filir upplemental the receiver on an attact	ng does not qualify annual report is true or trustee empower impat with an addra	for the exe e and acci red to exec ss.	emi ura cute	ption stated in ite and that me this report	in Section my signatu as require	119.07(3)(i), Flori re shall have the d by Chapter 617	ida Statute same lega 7, Florida S	s. I further al effect as Statutes; ar	certify that if made un- nd that my r	the der oath; that ame												
SIGNATURE: JAWN HUMBULT 1/13/97																								