

FILE NOW: FILING FEE IS \$61.25

FILED
May 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000005210 (7)**
1. Corporation Name

CULTURAL ENRICHMENT FOUNDATION, INCORPORATED



Principal Place of Business 685 TARPON BAY ROAD SUITE 7 SANIBEL ISLAND FL 33957	Mailing Address POST OFFICE BOX 716 SANIBEL ISLAND FL 33957-0716
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3. Date Incorporated or Qualified 10/07/1996	3a. Date of Last Report
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 65-0700798	Applied For <input type="checkbox"/> Not Applicable
		5. 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	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**BRODEUR, RICHARD JOHN
1640 PERIWINKLE WAY
SUITE V
SANIBEL ISLAND FL 33957**

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARMENIA, JOHN	1.2 NAME	
STREET ADDRESS	685 TARPON BAY ROAD, SUITE 7	1.3 STREET ADDRESS	
CITY-ST-ZIP	SANIBEL ISLAND FL 33957	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRICE, NORA	2.2 NAME	
STREET ADDRESS	678 EAST ROCKS DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	SANIBEL ISLAND FL 33957	2.4 CITY-ST-ZIP	
TITLE	VPSD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARMENIA, LUCY	3.2 NAME	
STREET ADDRESS	685 TARPON BAY ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	SANIBEL ISLAND FL 33957	3.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERMES, JAMES	4.2 NAME	
STREET ADDRESS	1001 KINGS CROWN DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	SANIBEL ISLAND FL 33957	4.4 CITY-ST-ZIP	
TITLE	VPTD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BECK, MICHAEL D	5.2 NAME	
STREET ADDRESS	10181 SIX MILE CYPRESS PARKWAY, "A"	5.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL 33912	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANK, LYMAN	6.2 NAME	
STREET ADDRESS	1752 JEWEL BOX DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	SANIBEL ISLAND FL 33957	6.4 CITY-ST-ZIP	

14. I do 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:

[Signature] 19 01/11/1997 10:11:30 AM 041-395-0221

CR2E037 (9/96)