FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000044132 (6)

NATIONAL ENTERPRISE INSTITUTE, INC.

FILED
May 01 1998 8:00am
Secretary of State

Principal Place o	f Business	Mailing Address			: Diffit Bidgi (1168 (1111 1111) 241
		255 S. ORANGE AVE.			
6TH FLOOR		6TH FLOOR ORLANDO FL 32801		DO NOT WRITE IN THIS SPACE	
ORLANDO FL 32801 ORLANDO FL 32801			3. Date Incorporated or Qualified		
				06/08/1994	
2. Principal Plac	e of Business	2a. Matting Address	_ / 1	4, FEI Number	Applied For
21		26 /Y () (SO)	k 1511	59-3253796	Not Applicable
Sulte, Apt. #,	etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		B. Certificate of States Desired	Fee Required
City & State		City & State	1. E(6. Election Campaign Financing	\$5.00 May Be
23		28 00 Ova		Trust Fund Contribution	Added to Fees
Zip	Country	トラッパル	Country	This corporation owes or has paid the	Yes No
24	25 Name and Address of Curren		30 01	Personal Property Tax due June 30. 10. Name and Address of New Registe	
		it trogratores regont	81 Name	10, 112,110 4110	
	LAURENCE J				
	, orange ave. Loor		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
	100k NDO FL 32801		63		
UNLA	MDO LE 25001				
			84 City	ĺ	FL 85 Zip Code
11. Pursuant to	the provisions of Sections 607.050	2 and 607 1508, Florida Statutes	s, the above-named con	poration submits this statement for the purpo-	se of changing its registered
office or ren	istered agent, or both, in the State familiar with, and accept the obligi	ol Florida, Such change was au	Jihorized by the corpora	tion's board of directors. I hereby accept the	appointment as registered
-	iamilar with, and accept the only.	allons of, acction 667,0365, mor	içia Statutes.		
SIGNATURE	nuture, typed or printed name of registered age	on and tile if applicable (NOTE:	Registered Agent signature requ	red when reinstating) DA	ITE E
12,	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	PDT	DELETE	1.1 TITLE		☐ Change ☐ Addition }
	PINO, LAURENCE J		1.2 NAME		5
STREET ADDRESS	255 S. ORANGE AVE., #6TH	FLOOR	1.3 STREET ADDRESS		្រី
CITY-ST-ZIP	ORLANDO FL 32801		1.4 CITY - ST - ZIP		6
TITLE	\$	☐ DELET€	2 1 TITLE		Change Addition
NAME	WILSON, PATRICIA T		2 2 NAME		1
STREET ADDRESS	255 S. ORANGE AVE., #6TH	FLOOR	2 3 STREET ADDRESS		
CITY-ST-ZIP	ÖRLANDO FL 32801		2 4 CiTY-ST-ZiP		
TITLE		☐ DELETE	3 i THTLE		Change Addition
NAME			3.2 NAME		ļ
STREET ADDRESS			3.3 STREET ADDRESS		ļ
CITY-ST-ZIP			3.4. CITY-ST-ZIP	·	
TITLE		L_ DELETE	4.1 1ITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		·	4.4 CITY-ST-ZIP		Observa August
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5 4 CITY-ST-ZIP		Chance Later-
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		1
City-St-7iP			6.4 CITY - \$T - ZIP		

14. Thereby 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 supplied 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 rectiver or trueted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attricture with an address.

1/ 12 00

11 - 11 - 00