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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000018538 (4)

URBAN ENTERPRISES, INC.

FILED Apr 29 1998 8:00am Secretary of State



l	_							
Principal Place of Business Mailing Address						LIABLINON LIA CRICO BITIN BAHIN ORAHI GANI	1 84(8) 11401 10401 07(90 11401 1001 104)	
2854 COVENTRY DR 2854 COVENTRY DR SARASOTA FL 34231 SARASOTA FL 34231						DO NOT WRITE	IN THIS SPACE	
						3. Date Incorporated or Qualified		
						02/26/1996		
	lace of Business	}	2a. Mailing Address			4. FEI Number	Applied For	
21 26						65-0641894	Not Applicable	
Sulte, Apt. #, etc. Suite, Apt. #, etc. 22 27						5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State City & State			ate			Election Campaign Financing	\$5.00 May Be	
23	28	7:-			Trust Fund Contribution	Added to Fees		
Zip	Country Zip		Country		8. This corporation owes or has paid			
24	25 29 30 30 9. Name and Address of Current Registered Agent		01		Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent			
	— _ -	elit Hegistelen Age		B1	Name	10, Name and Address of New Reg	Istered Agent	
	BAN, JOHN			٠.	, , , , , , , ,			
	54 OOVENTRY DR				Street Ac	Street Address (P.O. Box Number is Not Acceptable)		
SA	RA80TA FL 34231							
				83				
				84			FL 85 Zip Code	
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, F	lorida Statutes	, the above	e-named co	orporation submits this statement for the puration's board of directors. I hereby accept	rpose of changing its registered	
agent. I a	m (amiliar with, and accept the obl	ligations of, Section €	انتون was aut 207.0505, Florid	Statutes	ine corpor	ration's board of directors. Thereby accept	the appointment as registered	
SIGNATURE	JOHN KURB	AN , Pn	Es.	m	чш	chan les	ml 22,1998	
	Signature, typicd or printed name of registered		(NO1P		int signature rec	quired when reinstating)	DATE	
12.		AND DIRECTORS	DEL CTC	13.		ADDITIONS/CHANGES TO OFFICE		
TITLE	PTSD		DELETE	1.1 TITLE			Change Addition	
NAME	URBAN, JOHN			1.2 NAME				
STREET ADDRESS	2854 COVENTRY DR			1.3 STREET				
CITY-ST-ZIP	8ARASOTA FL 34231		DELETE	1.4 CITY-S	T-ZiP			
TITLE		Lan	JUCLETE	2.1 TITLE			Change Addition	
NAME				2.2 NAME				
STREET ADDRESS				2.3 STREET	ADDRESS			
CITY-ST-ZIP		<u>-</u>	DELETE	2. 4 CITY - S	ST-ZIP			
TITLE] DELETE	3.1 TITLE			Change Addition	
NAME STREET ADDRESS				3.2 NAME	4000000			
STREET ADDRESS		•		3.3 STREET			İ	
CITY-ST-ZIP TITLE	-		DELETE	3.4. CITY - 5 4.1 TITLE	ST-ZIP		Change Addition	
NAME		L	PLLETE				Change Addition	
				4.2 NAME	ADDRECC			
STREET ADDRESS				4.3 STREET				
CITY-ST-ZIP TITLE			DELETE	4.4 CITY - S 5.1 TITLE	1-217		- Change Addition	
NAME			,				C Originge LL AUGULUII	
STREET ADDRESS				5.2 NAME	*0000E02			
				5.3 STREET				
CITY-ST-ZIP TITLE			DELETE	5.4 CITY-S 6.1 TITLE	1 - E(P		Change Addition	
NAME			,		ŀ		Change Chyonion	
STREET ADDRESS				6.2 NAME	ADDOLCO			
				6.3 STREET			ļ	
CITY-ST-ZIP	- 128 - 41 - 1 - 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	20 16 to 60th - C		6.4 CITY-S	-ZIP			

I nereby 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.