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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000057454 (6)**

1. Corporation Name
THE REAL ENTREPRENEUR HOME-BASED BUSINESS ASSOCI ATION, INC.

Principal Place of Business	Mailing Address
1010 S.W. 46TH AVENUE #101 POMPANO BEACH FL 33069	1010 S.W. 46TH AVENUE #101 POMPANO BEACH FL 33069-0992

3. Date Incorporated or Qualified: 07/05/1996
3a. Date of Last Report: None - New

2. Principal Place of Business
21: 3901 S.Ocean Dr.
22 Suite, Apt. #, etc.: 11-E
23 City & State: Hollywood FL
24 Zip: 33019
25 Country: Brward

2a. Mailing Address
26: 3901 S. Ocean Dr
27 Suite, Apt. #, etc.: 11-E
28 City & State: Hollywood FL
29 Zip: 33019
30 Country: Brward

4. FEI Number: 650678300 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

ANDREN, LARS
~~1080 S.W. 46TH AVENUE~~
~~#101~~
~~POMPANO BEACH FL 33069~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 3901 S Ocean Dr- 11-E
83
84 City: Hollywood FL 85 Zip Code: 33019

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	COOK, NANCY		1.2 NAME		
STREET ADDRESS	~~1010 SW 46TH AVE., #T01~~		1.3 STREET ADDRESS	3901 S.Ocean Dr - 11-E	
CITY-ST-ZIP	~~POMPANO BEACH FL 33069~~		1.4 CITY-ST-ZIP	Hollywood, FL 33019	
TITLE	D	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	~~RASH, DAVID~~		2.2 NAME		
STREET ADDRESS	~~1010 SW 46TH AVE., #101~~		2.3 STREET ADDRESS		
CITY-ST-ZIP	~~POMPANO BEACH FL 33069~~		2.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	ANDREN, LARS		3.2 NAME		
STREET ADDRESS	~~1080 SW 46TH AVE., #T01~~		3.3 STREET ADDRESS	3901 S, Ocean Dr-11-E	
CITY-ST-ZIP	~~POMPANO BEACH FL 33069~~		3.4 CITY-ST-ZIP	Hollywood, FL 33019	
TITLE	ST	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	ANDREN, RALUCA		4.2 NAME		
STREET ADDRESS	~~1080 SW 46TH AVE., #101~~		4.3 STREET ADDRESS	3901 S Ocean Dr-11-E	
CITY-ST-ZIP	~~POMPANO BEACH FL 33069~~		4.4 CITY-ST-ZIP	Hollywood, FL 33019	
TITLE	~~SE~~	☐ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	~~RASH~~		5.2 NAME	George Albert Lohr	
STREET ADDRESS			5.3 STREET ADDRESS	3901 S. Ocean Dr-11-E	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Hollywood, FL 33019	
TITLE		☐ DELETE	6.1 TITLE	~~Gary~~ D.	☐ Change ☒ Addition
NAME			6.2 NAME	GARY LOHR	
STREET ADDRESS			6.3 STREET ADDRESS	3901 S. Ocean Dr-11-E	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Hollywood, FL 33019	

CR2E034 (9/96)

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

SIGNATURE: Nancy Cook 4/7/97 954-456-8256
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #