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

Profit Corporation Annual Report

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 04 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000069940 (0)

ENTREPRENEURS "R" US, INC.

appears in Block 12 or Block 13 if changed,

SIGNATURE:

Principal Place of Business Mailing Address 3153 LAKE PINE WAY, BLDG, 229-62 3153 LAKE PINE WAY, BLDG. 229-62 TARPON SPRINGS FL 34689 TARPON SPRINGS FL 34689-6524 3. Date Incorporated or Qualified 3a. Date of Last Report 08/20/1996 2. Principal Place of Business 2a. Maiting Address 4. FEI Number Applied For *5*9 - 33 98 309 26 Not Applicable Suite. Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Żφ Country Zφ Country 8. This corporation has liability for intangible tax under s. 199.032, 🖬 Yes 🔲 No 24 25 29 Florida Statutes 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SPRIDGEON, TIMOTHY M ESQ. 345 EAST-MADISON STREET, SUITE 1000 Street Address (P.O. Box Number is Not Acceptable) **TAMPA FL 33602** SOU EAST KENNEDY PLUD SUITE 250 **B3** 84 City Zip Code 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 changing its registered agent I am familiar with, and accept the appointment as registered agent I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Segresture, typen or printed radiic of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 96/6) DELETE Change Addition TITLE 11TITLE STAVREFF, CHRIS NAME 12 NAME 3153 LAKE PINE WAY, BLDG. 229-62 STHEEL ADDRESS 1.3 STREET ADDRESS TARPON SPRINGS FL 34689 CITY-SI-ZIP 1.4 CITY-ST-ZIP DELETE Change TILLE 2.1 TITLE \_\_\_ Addition BUNN, DEBORAH NAME 2.2 NAME 3153 LAKE PINE WAY, BLDG. 229-62 STREET ADDRESS 2.3 STREET ADDRESS TARPON SPRINGS FL 34689 CHY \$1-ZIP 2 4 CITY-ST-ZIP DELETE Change THE 31 TITLE Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - S1 - 70P 34. CITY-ST-ZIP DELETE Change Addition THLE 41 TITLE 4 2 NAME STREET ACIDRESS 4.3 STREET ADDRESS City-St-761 4.4 C/TY-ST-Z/P DELETE Change \_\_\_ Addition TITLE 51 TITLE 52 NAME STREET ACCORESS **53 STREET ADDRESS** 0117-51-76 54 CiTY - ST - ZiP DELETE Change Addition HILE 61 TITLE 62 NAME STREET ACORESS **6.3 STREET ADDRESS** City-SI-78 64 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 repelvery vistee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name