FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #
1. Corporation Name 700627

(3)

7					
Principal Place	of Business	Mailing Address		T INNIN THE II DRIVE BY IN THE I	INDI AIRIF AIRII AFAIN AIRII AIRII ASBII FOOL
1708 N 60TH . HOLLYWOOD		1708 N 60TH AVE HOLLYWOOD FL 33021			
				3. Date Incorporated or Qualified 03/14/1960	3a. Date of Last Report 02/17/1995
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 Suite Ant 4	- oto	Suite, Apt. #, etc.		59-0900990	Not Applicable \$8.75 Additional
Suite, Apt. #	e, etc.	27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Ζιρ	Country	Zip	Country 30	This corporation has liability for it Florida Statutes	ntangible tax under s. 199.032,
24	9. Name and Address of Current	Registered Agent	[[10. Name and Address of New R	
			B1 Name	charles E. M	c Cord
CRAWFORD, ROBERT W. B2			B2 Street Ad-	dress (P.O. Box Number is Not Acceptab	
1215 E. BROWARD BLVD.			17	08 N 60 A	venue
FORT LA	UDERDALE FL 33301		83		
			84 City 1	tollywood	FL 85 Zip Code 33021
11 Purcuant t	o the provisions of Sections 617 0502	and 617 1508. Florida Statute			
or register	ed agent, or both, in the State of Florid in land accept the obligations of Section	a. Such change was authoriz	ed by the corporation's bo	oration submits this statement for the pur ard of directors. I hereby accept the appo	pintment as registered agent. I am
	Myanti acqest de obligations di sectio	C (v)	Charles t	= McCord	1-26-96
SIGNATURE _	Signature, typed or lighted name of registered agent a	ind tile it appicable (NC	TE: Registered Agent signature requi	red when reinstating)	DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFF	
TITLÉ	D	DELETE	1.1 TITLE		Change Addition
NAME	STACK, DORREN		1.2 NAME		
STREET ADDRESS	6850 RALEIGH ST HOLLYWOOD, FL 00000		1.3 STREET ADDRESS 14 CHTy-ST-ZIP		
CITY-ST-ZIF TITLE	D	DELETE	21 TiTLE		☐ Change ☐ Addition
NAME	LETTSOME, BRAD		2 2 NAME		
STREET ADDRESS	6141 SW 61ST CT.		2 3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL		2 4 CITY - ST - ZIP		
TITLE	D	DELETE	3 1 TITLE		Change Addition
NAME	HARDIMAN, BRENT		3.2 NAME		
STREET ADDRESS	2010 NW 88TH WAY		3 3 STREET ADDRESS 3 4 CITY-ST-ZIP		
C-TY-ST-ZIP TITLE	PEMBROKE PINES FL P	DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MCCORD, CHARLES E.	_	4. 2 NAME		
STREET ADDRESS	5901 S W 37 AVE		4.3 STREET ADDRESS		
CITY - ST - ZIP	FT LAUDERDALE, FL 00000		4.4 City-St-ZIP		
TITLE	T	DELETE	5 1 TITLE		☐ Change ☐ Addition
NAME	HADDIX, RALPH		5.2 NAME		
STREET ADDRESS	3461 S W 17TH ST		5 3 STREET ADDRESS		
CITY-ST-ZIP TITLE	FT LAUDERDALE, FL 00000	DELETE	54 CITY-ST-ZIP 61 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
City-St-7iP			6.4 CITY - ST - ZIP		
certify that oath: that	t the information indicated on this acqui	al report or supplemental and ration or the receiver or truste	nual report is true and accu se empowered to execute t	y for the exemption stated in Section 119 irate and that my signature shall have the this report as required by Chapter 617, FI	same legal effect as if made under

SIGNATURE: William Derif Herner Land OFFICER OR DIRECTOR William Brent

1 - 26 - 96 954 - 966 - 2350