## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION



## Sandra B. Mortham

| COF                              | CORPORATION<br>ANNUAL REPORT                                    |                                   | IDA DEPARTMENT OF STATE  Sandra B. Mortham  Secretary of State ISION OF CORPORATIONS |                                       |         |             | Feb 10 1998 8:00am<br>Secretary of State   |             |                        |                |  |
|----------------------------------|---|-----------------------------------|--|---------------------------------------|---------|-------------|--|-------------|------------------------|----------------|--|
|                                  | MENT # 7110 SERVICES OF GREATE De of Business                   | (-)                               |  |                                       |         |             |  |             |                        |                |  |
| 3000 BISCAYNE BLVD.<br>STE. 500  |   | 3000 BISCAYNE BLVD.<br>STE. 500   |  |                                       |         | -           | 3. Date Incorporated or Qualified 06/07/1966   | *           |                        | 7              |  |
| MIAMI FL 3313                    | 7   | MIAMI FL 33137                    |  |                                       |         | -           | 4. FEI Number  |             | Applied For            | _              |  |
| 2. Principal P                   | Place of Business   | 2a. Malling Address               |  |                                       |         |             | 59-1086719   |             | Not Applicable         | <u>,</u>       |  |
| 21                               |   | 26                                |  |                                       |         |             | 5. Certificate of Status Desired   |             | Additional<br>Required |                |  |
| Suite, Apt.                      |   | Suite, Apt. #, etc.               |  |                                       |         |             | Election Campaign Financing     Trust Fund Contribution  |             | May Be<br>to Fees      |                |  |
| City & Stat                      | 9   | City & State                      |  |                                       |         | ŀ           | 7. Is this nonprofit corporation a homeowner  Yes  | rs associat | ion?                   |                |  |
| Zip<br>24                        | Country 25  | Zip 29                            | 30 Cou   | untry                                 |         |             | 8. This corporation owes or has paid the cu  |             | ntangible              | 1              |  |
| ···········                      | 9. Name and Address of Cu                                       | irrent Registered Agent           | - <del>1</del>   | 81                                    | Name    |             | 10. Name and Address of New Registered   | Agent       | <del></del>            | 1              |  |
| 3000 BIS<br>SUITE 50<br>MIAMI FI | L 33137 to the provisions of Sections 617                       | ,0502 and 617.1508, Fiorida Statu | des, the a   | 82<br>83<br>84                        | City    | corpor      | FL  ation submits this statement for the purpose of the party of directors. I beauty occupy the per- |             | code                   |                |  |
| SIGNATURE                        | m familiar with, and accept the c                               |                                   |  |                                       |         |             | 's board of directors. I hereby accept the app<br>when reinslating) DATE                             |             | is registered          |                |  |
| 12.                              |   | AND DIRECTORS                     | 13.  |                                       | gnoro   | roquii ab , | ADDITIONS/CHANGES TO OFFICERS AND  | DIRECTO     | RS IN 12               | 46             |  |
| TITLE NAME STREET ADDRESS        | PD<br>DIAZ, VICTOR M<br>PODHURST, ORSECK & J                    | 1.1                               |  | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS |         |             |  | ☐ Change    | Addition               | CR2E037 (10/97 |  |
| CITY-ST-ZIP                      | MIAMI FL  |                                   | 1.4 CI   | 1.4 CITY-ST-ZIP                       |         |             |  |             |                        |                |  |
| STREET ADDRESS                   | VD YATES, DONALD E 402 APPELROUTH LANE                          | ☐ DELETĒ                          | 4  | AME<br>Treet /                        | ADDRESS |             |  | ☐ Change    | Addition               | 70             |  |
| CITY-ST-ZIP<br>TITLE             | KEY WEST FL.  |                                   | 2. 4 C<br>3.1 Ti   |                                       | i · ZIP |             |  | ☐ Change    | Addition               | -              |  |
| NAME<br>STREET ADDRESS           | MORRISON, EURLINE<br>953 NE 111TH ST                            |                                   | 3.2 N/   | AME                                   | ADDRESS |             |  |             |                        |                |  |
| CITY-ST-ZIP                      | MIAMI FL  |                                   | 3.4. C   | ITY-SI                                | r- ZIP  |             |  |             |                        |                |  |
| NAME<br>NAME                     | SCHWABEDISSEN, ELIZABETH ADORNO & ZEDER 2601 S BAYSHORE DR 1600 |                                   | 4. 2 N   | 4.1 TITLE<br>4. 2 NAME                |         |             |  | Change      | Addition               |                |  |
| STREET ADDRESS CITY-ST-ZIP       | MIAMI FL  | טאו את אטרוטתב או ושש             | 4.3 ST   |                                       | ADDRESS |             |  |             |                        | 1              |  |
| TITLE                            | SD  | DELETE                            | 5.1 T/I  |                                       | - 211   |             |  | ☐ Change    | ☐ Addition             | 1              |  |
| NAME<br>STREET ADDRESS           | MOSS, TONY<br>851 NE 118 ST                                     |                                   | 5.2 NAM<br>5.3 STRE  |                                       | DDRESS  |             |  | -           |                        |                |  |
| CITY-ST-ZIP                      | MIAMI FL  | T pereze                          | 5.4 CI   |                                       | - ZIP   | <del></del> |  | П »:        |                        | -              |  |
| NAME<br>etheet annbess           |   | DELETE                            | 6.1 TIT<br>6.2 NA  | ME                                    | DDDESS  |             |  | Change      |                        |                |  |
| STREET ADDRESS                   |   |                                   |  | REET A                                | DDRESS  |             |  |             |                        |                |  |

14. I 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

1/20/92

**FILED**