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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name 713840

(7)

THE FOREVER APRIL ASSOCIATION INC.

Pr	incipal Place	of Busines	S	М	alling Address						II MARKI DARAN BUJA	01016 96061 01016 010	
1333 E. HALLANDALE BCH. BLVD. HALLANDALE FL 33009				, ,	1333 E. HALLANDALE BCH. BLVD. HALLANDALE FL 33009-4825								
									3	12/21/1967	Qualified	3a. Date of Las 02/07/	
	Principal Pl	ace of Busin	ness	- ⊢	. Mailing Addres	s		·	4	FEI Number 59-1499174			Applied For
21	Puito Ant	# 610		26	Suite, Apt. #, et					UD-14881/4			Not Applicable
Suite, Apt #, etc.			27	harmy ' '				5	. Certificate of Status D	esired [5 Additional Required	
	City & State	9			City & State			,	6	. Election Campaign Fir	nancing	\$5.0	00 May Be
23				28						Trust Fund Contribution	n [Add	ed to Fees
	Zip		Country 25	29	Zip	30	Country		8	 This corporation has I Florida Statutes 	iability for inta		rs. 199.032,
24		9. Name	and Address of Cui		stered Agent	[30]			10). Name and Address			,,,
	.,						81	Name					
	MEISING	ER, HELE!	N L.				82	Street	Address ((P.O. Box Number is No	Acceptable)	······································	
			LE BCH, BLVD				83						
	HALLAN	DALE FL 3	3009										
							84	City				FL 85 Z	ip Code
1	I. Pursuant I	to the provis	ions of Sections 617.	0502 and 6	17.1508, Florida	Statutes, th	ne above	-named	corporati	ion submits this stateme	nt for the pur	pose of changing	g its registered
	office or re	egistered ac	ient or both, in the Si	tate of Flori	da Such change	a was autho	rized by	፣ የከው ሶስፖር	COLUMN S			na addointment	as registered
	agent. I a	m familiar w	th, and accept the of	oligations o	of, Section 617.05	03, Florida	Statutes	3.	po. 4.00	board of directors, The	oby accopt t	no appointment	
s	GNATURE									board of directors. I he			
Ľ	GNATURE _		or printed name of registered	d agent and title	e il applicable.	(NOTE: Regi	istered Age			en reinstating)		DATE	
1:	GNATURE _	Signature, lyped		d agent and title	e il applicable.	(NOTE: Regi		ont signature	required wh			DATE	ORS IN 12
10	GNATURE _	Signature, typed	or printed name of registered OFFICERS	d agent and title	e il applicable.	(NOTE: Regi	istered Age	ont signature	required wh	en reinstating) ADDITIONS/CHANGES		DATE RS AND DIRECT	ORS IN 12
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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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CITY-ST-ZIP

FILED

Mar 11 1997 8:00am

Secretary of State

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