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**Mar 23 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 713840 (7)

1. Corporation Name
THE FOREVER APRIL ASSOCIATION INC.

Principal Place of Business 1333 E. HALLANDALE BCH. BLVD. HALLANDALE FL 33009	Mailing Address 1333 E. HALLANDALE BCH. BLVD. HALLANDALE FL 33009
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3. Date Incorporated or Qualified 12/21/1967	
4. FEI Number 59-1499174	Applied For <input type="checkbox"/> Not Applicable
6. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
8. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

**MEISINGER, HELEN L.
1333 E. HALLANDALE BCH, BLVD
HALLANDALE FL 33009**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	TITUS, CLAIRE	
STREET ADDRESS	1333 E. HALLANDALE BEACH BLVD	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	RODRIGUEZ, ANTHONY	
STREET ADDRESS	1333 E. HALLANDALE BEACH BLVD	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CASCIONE, JACQUELINE	
STREET ADDRESS	1333 E HALLANDALE BCH BLVD.	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KOWNACHI, JANET	
STREET ADDRESS	1333 E. HALLANDALE BEACH BLVD	
CITY-ST-ZIP	HALLANDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Kenyon, Alice	
1.3 STREET ADDRESS	1333 E.Hallandale Bch Blv	
1.4 CITY-ST-ZIP	Hallandale, Fl.	
2.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MEISINGER, Helen	
2.3 STREET ADDRESS	1333 E.Hallandale Bch Blv	
2.4 CITY-ST-ZIP	Hallandale, Fl.	
3.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Fiorello, Joseph	
3.3 STREET ADDRESS	1333 E.Hallandale Bch Blv	
3.4 CITY-ST-ZIP	Hallandale, Fl.	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Beiss, Ludwig	
5.3 STREET ADDRESS	1333 E.Hallandale Bch Blv	
5.4 CITY-ST-ZIP	Hallandale, Fl.	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: *Helen Meisinger* March 7, 1998 (954) 458-5834

CR2E037 (10/97)