


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 20, 1999 8:00 am**  
**Secretary of State**

02-20-1999 90103 013 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 713840**  
 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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21. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 12/21/1967
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	4. FEI Number 59-1499174
23. City & State	28. City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24. Zip	29. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent <b>MEISINGER, HELEN L. 1333 E. HALLANDALE BCH, BLVD HALLANDALE FL 33009</b>	81. Name	10. Name and Address of New Registered Agent
	82. Street Address (P.O. Box Number is Not Acceptable)	
	83.	
	84. City	FL 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD KENYON, ALICE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1333 E HALLANDALE BCH BLVD	1.2 NAME	
STREET ADDRESS	HALLANDALE FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	TD MEISINGER, HELEN	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1333 E HALLANDALE BCH BLVD	2.2 NAME	
STREET ADDRESS	HALLANDALE FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	PD FIORELLO, JOSEPH	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1333 E HALLANDALE BCH BLVD	3.2 NAME	
STREET ADDRESS	HALLANDALE FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D KOWNACHI, JANET	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1333 E. HALLANDALE BEACH BLVD	4.2 NAME	
STREET ADDRESS	HALLANDALE FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	V BEISS, LUDWIG	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1333 E HALLANDALE BCH BLVD	5.2 NAME	
STREET ADDRESS	HALLANDALE FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: *Heleen L. Nielsingel* **REQUIRED** FEB. 6, 1999 (954) 458-5834  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (11/98)