FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT #

716838

(8)

BAY COLONY PROTECTIVE ASSOCIATION, INC.

1 COMPASS DR FT LAUDERDALE FL 33308 1 COMPASS DR FT LAUDERDALE FL 33308 3. Date Incorporated or Qualified O7/01/1969 2. Principal Place of Business 2a. Mailing Address 2b. Mailing Address 2c. Principal Place of Business 2c. Mailing Address 2c. Principal Place of Business 2c. Mailing Address 2c. Principal Place of Business 2c. Mailing Address 2c. Mailing Address 3c. Date Incorporated or Qualified O5/01/1996 4. FEI Number 59-2064592 Applied For Not Applied For Not Applied For Not Applied For Suite, Apt #, etc. 2c. Suite, Apt #, etc. 2c. City & State 3c. Certificate of Status Desired Fee Required 6c. Election Campaign Financing 3c. Date of Last Report C5/01/1996 3c. Date Incorporated or Qualified O5/01/1996 4. FEI Number 59-2064592 Applied For Not Applied For Not Applied For Suite, Apt #, etc. 4c. City & State 4c. FEI Number 59-2064592 Applied For Not Applied For Not Applied For Suite, Apt #, etc. 4c. City & State 4c. FEI Number 59-2064592 Applied For Not Applied For Not Applied For Suite, Apt #, etc. 4c. City & State 4c. FEI Number 59-2064592 Applied For Not Applied For Not Applied For Not Applied For Suite, Apt #, etc. 4c. City & State 4c. FEI Number 59-2064592 Applied For Not Applied For Suite, Apt #, etc. 4c. City & State 4c. FEI Number 59-2064592 Applied For Not App	0::::::::::::::::::::::::::::::::::::::	(P)										
FT LAUDERDALE R. 33008 FT LAUDERDALE R. 3008 FT LAUDERDALE R. 30	Principal Place of Business Mailing Address											
2. Principal Pauco of Business 2. A. Malling Address 2. A. Fill Number 5. S-0064592 2. Suite, April 4, etc. 2. Suite, April 4, etc. 3. Suite, April 4,												
SUBJOURNATION OF THE PROPOSED STATE ADDRESS TO OFFICERS AND DIRECTORS NO. 25 SINEY ADDRESS TO OFFICERS AND DIRECTORS NO							-		r Qualified	3a . Da	te of Last R 05/01/18	eport 996
Sulfe, April #, citc	2. Principal Pi	ace of Business	2a. Mailing Address				-		·····		Ar	oplied For
City & State City & State City & Cit	21		26				59-2064592	,				
City & State Country Zip	Suite, Apt	#, etc.	<u></u>				1	5. Certificate of Status	Desired			
25 26 27 28 29 30 50 50 50 50 50 50 50	22											
Zip Country Zip Country Respiratory Respirator	· ₁	•	├ 1 ′				(-			
SIMMONS, STEPHEN J 321 SE 15 AVE. FT. LAUDERDALE FI. 33301 82 Sirvest Address of Courant Registered Agent 10. Name and Address of New Registered Agent 11. Pursuant to the provisions of Socions 617 DSC2 and 617 1508, Florida Statutes, the above-maned corporation submits this statement for the purpose of changing its registered algorit familiary with, and except the objective of sporids of the order of the objective of sporids and thintees with, and except the objective of sporids of the order of the objective of sporids and thintees with, and except the objective of sporids of the order of the objective of sporids and thintees with, and except the objective of sporids and thintees with, and except the objective of sporids and thintees with, and except the objective of sporids and thintees with, and except the objective of sporids and thintees with, and except the objective of sporids and thintees with, and except the objective of sporids and thintees with, and except the objective of sporids and thintees with, and except the objective of sporids and thintees with, and except the objective of sporids and thintees with, and except the objective of sporids and thintees with, and except the objective of sporids and thintees with, and except the objective of sporids and thintees with, and except the objective of sporids and thintees with, and except the objective of sporids and thintees with and except the objective of sporids and thintees with and except the objective of sporids and thintees with and except the objective of sporids and thintees with and except the objective of sporids and except the objective of sporids and except the except the object of sporids and except the except of s	23 Z _{1D}	Country		Cou	intra							
SIMMONS, STEPHEN J 321 S.E. 15 AVE. FT. LAUDERDALE, FL 33301 88 Street Address (P.O. Box Number is Not Acceptable) 11. Pursuant to the provisions of Socions 617 0502 and 617,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its replatered office or register cell deport, or both, in this State of Florida, Statutes, the above-named corporation submits this statement for the purpose of changing its replatered office or register cell deport, or both, in this State of Florida, Statutes, the above-named corporation submits this statement for the purpose of changing its replatered office or register cell deport, or both, in this State of Florida, Statutes, the above-named corporation submits this statement for the purpose of changing its replatered office or register cell deport, or both, in this State of Florida, Statutes, the above-named corporation submits this statement for the purpose of changing its replatered office or register cell deport, or both, in this State of Florida, Statutes, the above-named corporation's board of directors. Thereby accept the appointment as registered office or registered adventures and corporation's board of directors. Thereby accept the appointment as registered office of registered adventures and corporation's board of directors. Thereby accept the appointment as registered adventures. Thereby accept the appointment as registered adventures. The purpose of changing its replatered value for the purpose of changing its replatered value. The purpose of changing its replatered value for the purpose of changing its replatered value for the purpose of changing its replatered value for the purpose of changing its replatered value. The purpose of changing its replatered value for the purpose of changing its replatered value. The purpose of changing its replatered value for the purpose of changing its replatered value. The purpose of changing its replatered value for the purpose of changing its replatered value. The purpose of changin		├ 		 η ΄			'					
SIMMONS, STEPHEN J 321 S.E. 15 AVE. FT. LAUDERDALE FI. 33301 82 Sevent Address (P.O. Box Number is Not Acceptable) 11. Pursuant to the provisiens of Sections 617 (B02 and 617.1508, Florida Statutes, the above agent and corporation submits this statement for the purpose of changing its registered dilice or registered dignet, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered dilice or registered dignet, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered dilice or registered displaced in the appointment as registered dilice or registered displaced in the appointment as registered dilice or registered displaced in the appointment as registered displaced agent signature registered agent signature registered displaced agent signature registered agent	24						10					
321 S.E. 15 AVE FT. LAUDERDALE, FL 33301 84 City FL 85 Zip Codo 11. Pursuant to the provisions of Sections 617 D502 and 617.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent and an accept the oxigitations of, Section 917 5053, Priorida Statutes. SIGNATURE Symbol types of extending with an accept throughours of, Section 917 5053, Priorida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. INCL. Symbol types of extending with a statement for the purpose of changing its registered agent agent are remaining. ATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. INCL. Symbol types of extending the purpose of the applicable. INCL. Symbol types of extending the applicable. INCL. Figure and types of extending the applicable. INCL. Symbol types of ext					81	Name						
321 S.E. 15 AVE FT. LAUDERDALE, FL 33301 84 City FL 85 Zip Codo 11. Pursuant to the provisions of Sections 617 D502 and 617.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent and an accept the oxigitations of, Section 917 5053, Priorida Statutes. SIGNATURE Symbol types of extending with an accept throughours of, Section 917 5053, Priorida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. INCL. Symbol types of extending with a statement for the purpose of changing its registered agent agent are remaining. ATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. INCL. Symbol types of extending the purpose of the applicable. INCL. Symbol types of extending the applicable. INCL. Figure and types of extending the applicable. INCL. Symbol types of ext	NUMB	IS STEPHEN I			-	C+	A -1 -1	(C.C. Day Number is A	las Á.a.a.a.	101		
FT. LAUDERDALE, FL. 33301 11. Pursuant to the provisions of Socions 617 E502 and 617.1508, Florida Statutes, the above named corporation authinise this statement for the purpose of changing its 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 are itemated with, and accept the obligations of, Section 617.503, Florida Statutes. SIGNATURE DESCRIPTION				82 Street Add			Address	(P.O. Box Number is N	ioi Acceptab	ie)		
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 agent. and strong in the State of Fiorda Subh change was trained with an advances the object of defectors. Thereby accept the appointment as registered agent. and accept the objection of 17.0003 for foodat Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. ADME 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TIT TIT TIT KEARN, JOSEPH 12. VPD 13. MELET ADDRESS 14. ADME 20. COMPASS ROAD 13. STREET ADDRESS 14. ADME 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. THE CHANGE SETTE 16. ADME 17. ADME 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITL TITL TITL TITL TITL TITL TITL TITL TOPD DELETE 11. TITLE TOPD DELETE 11. ADME 12. ADME 13. MELET ADDRESS 14. ADME 14. ADME 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. THE CHANGE SETTE ADMITISTA, AND EWA, ADMITISTA, AND EWA, J. STREET ADDRESS 14. ADMITISTA, AND EWA, J. STREET ADDRESS 15. TITLE TITL DELETE 11. TITLE DELETE 11. TITLE DELETE 14. TITLE Change Addition 15. MAG 15. TITLE Change Addition 16. ADDRESS LANE 16. TITLE TITLE TITLE TITLE TOP Change Addition 16. ADDRESS LANE 16. TITLE TOP Change Addition 16. ADDRESS LANE 17. ST. ZP TITLE TOP Change Addition Addition Addition 16. ADDRESS LANE 16. TITLE TOP Change Addition 16. ADDRESS LANE 17. ST. ZP TITLE T					83							
11. Pursuant to the provisions of Sections 617 DSG2 and 617 1508, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent in am familiar with, and accept the obligations of, Section 617 C503, Plorids Statutes. SIGNATURE Signature of the state of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent in am familiar with, and accept the obligations of, Section 617 C503, Plorida Statutes. SIGNATURE Signature of the state of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent state of Florida Statutes. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE 12. WARE SIRECT ADDRESS SIGNATURE VPD OCMPASS ROAD 1.3 STRECT ADDRESS CITY-ST-2P TO Change Addition NAME KOVACK, RON 18. N. COMPASS ROAD 18. N. COMPASS ROAD 19. STRECT ADDRESS CITY-ST-2P TO BELETE 11. TITLE Change Addition NAME NAME SO COMPASS DATE 12. AUDERDALE, FL 33308 14. CITY-ST-2P TITLE DIBATTISTA, ANDREW, J SO COMPASS LANE SISTERT ADDRESS CITY-ST-2P TITLE DIBATTISTA, ANDREW, J SO COMPASS LANE SISTERT ADDRESS CITY-ST-2P TITLE DELETE 4. TITLE Change Addition NAME SIRET ADDRESS CITY-ST-2P TITLE Change Addition Change Addition NAME SIRET ADDRESS CITY-ST-2P TITLE Change Addition Change Addition Change Additio	111.213					-					Taal 35.	0-1-
SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE TD KEARN, JOSEPH 20 COMPASS ROAD 11 SYME 20 COMPASS ROAD 12 YPD DELETE 13 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14 CITY-ST-ZIP FORT LAUDERDALE FL 33308 14 CITY-ST-ZIP FORT LAUDERDALE FL 33308 14 CITY-ST-ZIP TITLE VPD DELETE 21 TITLE Change Addition MAME KOVACK, RON 22 WAME SIREL ADDRESS FT LAUDERDALE, FL 33308 2 CITY-ST-ZIP PD DIBATTISTA, ANDREW, J 32 WAME SIREL ADDRESS FT LAUDERDALE, FL 33308 2 AUME 33 SIRET ADDRESS SIREL ADDRESS FT LAUDERDALE FL SD DELETE 4 1 TITLE Change Addition Additi					54	City				FL	85 ZIP	Code
SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE TD KEARN, JOSEPH 20 COMPASS ROAD 11 SYME 20 COMPASS ROAD 12 YPD DELETE 13 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14 CITY-ST-ZIP FORT LAUDERDALE FL 33308 14 CITY-ST-ZIP FORT LAUDERDALE FL 33308 14 CITY-ST-ZIP TITLE VPD DELETE 21 TITLE Change Addition MAME KOVACK, RON 22 WAME SIREL ADDRESS FT LAUDERDALE, FL 33308 2 CITY-ST-ZIP PD DIBATTISTA, ANDREW, J 32 WAME SIREL ADDRESS FT LAUDERDALE, FL 33308 2 AUME 33 SIRET ADDRESS SIREL ADDRESS FT LAUDERDALE FL SD DELETE 4 1 TITLE Change Addition Additi	11. Pursuant t	to the provisions of Sections 617,0502	and 617.1508, Florida Stat	utes, the a	bove	-named	corporat	tion submits this staten	ent for the p		changing i	ts registered
SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE TD KEARN, JOSEPH 20 COMPASS ROAD 11 SYME 20 COMPASS ROAD 12 YPD DELETE 13 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14 CITY-ST-ZIP FORT LAUDERDALE FL 33308 14 CITY-ST-ZIP FORT LAUDERDALE FL 33308 14 CITY-ST-ZIP TITLE VPD DELETE 21 TITLE Change Addition MAME KOVACK, RON 22 WAME SIREL ADDRESS FT LAUDERDALE, FL 33308 2 CITY-ST-ZIP PD DIBATTISTA, ANDREW, J 32 WAME SIREL ADDRESS FT LAUDERDALE, FL 33308 2 AUME 33 SIRET ADDRESS SIREL ADDRESS FT LAUDERDALE FL SD DELETE 4 1 TITLE Change Addition Additi	office or ri agent. Lai	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change wa: itions of, Section 617.0503, I	s autnorize Florida Sta	ra by itutes	tne cor	rporations	s board of directors. I r	ereby accep	t the app	ointment as	registered
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE TD												
TITLE TD DELETE 1.1 TITLE Change Addition NAME KEARN, JOSEPH 20 COMPASS ROAD 1.3 STREET ADDRESS FORT LAUDERDALE FL 33308 1.4 CITY-ST-ZIP TITLE VPD DELETE 2.1 TITLE Change Addition NAME KOVACK, ROAN 2.2 MAME STREET ADDRESS FT LAUDERDALE, FL 33308 2.4 CITY-ST-ZIP TITLE PD DELETE 3.1 TITLE Change Addition NAME DIBATTISTA, ANDREW, J 3.2 NAME STREET ADDRESS FT LAUDERDALE FL 33308 2.4 CITY-ST-ZIP TITLE SD DELETE 3.1 TITLE Change Addition NAME DIBATTISTA, ANDREW, J 3.2 NAME STREET ADDRESS FT LAUDERDALE FL 3.4 CITY-ST-ZIP TITLE SD DELETE 4.1 TITLE Change Addition NAME LESTRANGE, BETTE 3.4 CITY-ST-ZIP TITLE SD DELETE 4.1 TITLE Change Addition NAME LESTRANGE, BETTE 3.2 STREET ADDRESS CITY-ST-ZIP SO REAS AND STREET ADDRESS CITY-ST-ZIP STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DELETE STREET ADDRESS CITY-ST-ZIP DELETE STREET ADDRESS CITY-ST-ZIP ADDRESS ALCITY-ST-ZIP ADDRE					ed Ager	nt signatur	e required wi					
NAME SIREET ADDRESS CITY-ST-ZPP CITY-ST-ZPP TOTAL AUDIENDALE FL 33308 TOTAL ST-ZPP NAME KOVACK, RON PD NAME KOVACK, RON 180 N. COMPASS DRIVE FT LAUDERDALE, FL 33308 TITLE PD DELETE 21 TITLE 22 NAME STREET ADDRESS FT LAUDERDALE, FL 33308 TITLE PD DBATTISTA, ANDREW, J 32 NAME STREET ADDRESS SO COMPASS LANE FT LAUDERDALE FL 33 STREET ADDRESS FT LAUDERDALE FL 34 CITY-ST-ZPP TITLE SD DELETE 41 CITY-ST-ZPP TITLE SD DELETE 41 TITLE SD DELETE 41 TITLE SD DELETE 51 TITLE CHANGE STREET ADDRESS FT. LAUDERDALE FL ST ANDRESS STREET ADDRESS FT. LAUDERDALE FL ST ANDRESS STREET ADDRESS STREET			~~~~				T	ADDITIONS/CHANG	S TO OFFIC	ERS AND		
STREET ADDRESS CITY-ST-ZPP FORT LAUDERDALE FL 33308 TITLE VPD NAME KOVACK, RON 22 MAME STREET ADDRESS TITLE ROYACK, RON 22 MAME STREET ADDRESS CITY-ST-ZPP TITLE PD DELETE 31 TITLE 1 Change Addition NAME DIBATTISTA, ANDREW, J STREET ADDRESS CITY-ST-ZPP TITLE DIBATTISTA, ANDREW, J STREET ADDRESS CITY-ST-ZPP TITLE SD DELETE 31 TITLE 32 MAME STREET ADDRESS CITY-ST-ZPP TITLE SD DELETE 41 TITLE SD DELETE 41 TITLE SD DELETE 41 TITLE SD DELETE 42 MAME STREET ADDRESS CITY-ST-ZPP TITLE SD DELETE 41 TITLE SD DELETE 41 TITLE SD DELETE 41 TITLE SD DELETE 41 TITLE SD Addition Addition Addition Addition AMM STREET ADDRESS CITY-ST-ZPP TITLE STREET ADDRESS CITY-ST-ZPP TITLE SD DELETE 51 TITLE SD ADDRESS CITY-ST-ZPP TITLE SD ADDRESS STREET ADDRESS CITY-ST-ZPP TITLE STREET ADDRESS STREET ADDRES		- 	☐ DELETE								Unange	L ADDITION
FORT LAUDERDALE FL 33308												
TITLE VPD DELETE 21 TITLE 2 MADE Addition NAME KOVACK, RON 180 N. COMPASS DRVE 22 STREET ADDRESS FIT LAUDERDALE, FL 33308 2.5 TREET ADDRESS FIT LAUDERDALE FL 33308 2.5 TREET ADDRESS CITY-ST-2P FT LAUDERDALE FL 33308 3.5 TREET ADDRESS CITY-ST-2P FT LAUDERDALE FL 33308 3.5 TREET ADDRESS CITY-ST-2P FT LAUDERDALE FL 3.4 CITY-ST-2P 3.4 CITY-ST-2P 3.5 TREET ADDRESS CITY-ST-2P FT LAUDERDALE FL 3.5 TREET ADDRESS CITY-ST-2P FT LAUDERDALE FL 3.5 TREET ADDRESS CITY-ST-2P FT LAUDERDALE FL 4.5 TREET ADDRESS CITY-ST-2P FT LAUDERDALE FL 5.5 TREE ADDRESS CITY-ST-2P FT LAUDERDALE FL 5.5 TREET ADDRESS CITY-ST-2P FT LAUDERDALE FL 5.5 T			•									
NAME STREET ADDRESS 180 N. COMPASS DRIVE FT LAUDERDALE, FL 33308 2 ACTIV-ST-2P FT LAUDERDALE, FL 33308 2 ACTIV-ST-2P NAME DIBATTISTA, ANDREW, J STREET ADDRESS 50 COMPASS LANE STREET ADDRESS CITY-ST-2P FT LAUDERDALE FL 33 STREET ADDRESS CITY-ST-2P TITLE SD DELETE 41 TITLE SD DELETE 41 TITLE 42 STREET ADDRESS CITY-ST-2P TITLE 80 BAY COLONY LANE 43 STREET ADDRESS CITY-ST-2P TITLE 51 TITLE 52 CHY-ST-2P TITLE 64 CHY-ST-2P TITLE 65 CHY-ST-2P TITLE 66 STREET ADDRESS CITY-ST-2P TITLE 67 Change Addition AMME STREET ADDRESS CITY-ST-2P TITLE 68 BAY COLONY LANE 58 STREET ADDRESS CITY-ST-2P TITLE 61 DELETE 61 TITLE 62 CHY-ST-2P TITLE 64 CHY-ST-2P TITLE 64 CHY-ST-2P TITLE 64 CHY-ST-2P TITLE 64 STREET ADDRESS CITY-ST-2P TITLE 65 STREET ADDRESS CITY-ST-2P TITLE 66 STREET ADDRESS CITY-ST-2P TITLE 67 STREET ADDRESS CITY-ST-2P TITLE 68 STREET ADDRESS CITY-ST-2P TITLE 69 STREET ADDRESS CITY-ST-2P TITLE 61 STREET ADDRESS CITY-ST-2P TITLE 62 STREET ADDRESS CITY-ST-2P TITLE 63 STREET ADDRESS CITY-ST-2P TITLE 64 STREET ADDRESS CITY-ST-2P TITLE 65 STREET ADDRESS CITY-ST-2P TITLE 67 STREET ADDRESS CITY-ST-2P TITLE 77 STREET ADDRESS CITY-ST-2P TITLE 78 STREET ADDRESS CITY-ST-2P						I-ZIP					Channa	Addition
STREET ADDRESS CITY - ST - ZIP TITLE PD DELETE 31 TITLE PD DELETE 31 TITLE DIBATTISTA, ANDREW, J 32 NAME STREET ADDRESS CITY - ST - ZIP TITLE SD COMPASS LANE 33 STREET ADDRESS CITY - ST - ZIP TITLE SD DELETE 41 TITLE SD Change Addition NAME LESTRANGE, BETTE 80 BAY COLONY LANE STREET ADDRESS CITY - ST - ZIP TITLE SD DELETE 41 TITLE 80 BAY COLONY LANE 43 STREET ADDRESS CITY - ST - ZIP TITLE 51 TITLE 52 NAME STREET ADDRESS CITY - ST - ZIP TITLE 53 STREET ADDRESS CITY - ST - ZIP TITLE 54 CITY - ST - ZIP TITLE 55 STREET ADDRESS CITY - ST - ZIP TITLE 56 NAME STREET ADDRESS CITY - ST - ZIP TITLE 57 NAME STREET ADDRESS CITY - ST - ZIP TITLE 57 NAME STREET ADDRESS CITY - ST - ZIP TITLE 57 NAME STREET ADDRESS CITY - ST - ZIP TITLE 57 NAME STREET ADDRESS CITY - ST - ZIP TITLE 57 NAME STREET ADDRESS CITY - ST - ZIP TITLE 57 NAME STREET ADDRESS CITY - ST - ZIP TITLE 57 NAME STREET ADDRESS CITY - ST - ZIP TITLE 57 NAME STREET ADDRESS CITY - ST - ZIP TITLE 57 NAME STREET ADDRESS CITY - ST - ZIP TITLE 57 NAME STREET ADDRESS CITY - ST - ZIP TITLE 57 NAME STREET ADDRESS CITY - ST - ZIP TITLE 57 NAME ST				1							LI Clange	Addition
CITY-ST-ZP FT LAUDERDALE, FL 33308 2 4 CITY-ST-ZP TITLE PD DBATTISTA, ANDREW, J 32 NAME SIRET ADDRESS 50 COMPASS LANE SD DELETE SD DELETE 41 TITLE SD LESTRANGE, BETTE 42 NAME SIRET ADDRESS CITY-ST-ZP TITLE SD DELETE 41 STREET ADDRESS CITY-ST-ZP TITLE ST LAUDERDALE FL 42 NAME STREET ADDRESS CITY-ST-ZP TITLE DELETE 51 TITLE Change Addition NAMI STREET ADDRESS CITY-ST-ZP TITLE STREET ADDRESS						ADDDECC						
TITLE PD DELETE 31 TITLE DIBATTISTA, ANDREW, J 32 NAME SIREH ADDRESS 50 COMPASS LANE 33 STREET ADDRESS 50 COMPASS LANE 33 STREET ADDRESS 50 COMPASS LANE 33 STREET ADDRESS 50 COMPASS LANE 50												
NAME SIRET ADDRESS 50 COMPASS LANE SIRET ADDRESS 50 COMPASS LANE SIRET ADDRESS 51 CITY- ST- ZIP TITLE SD LESTRANGE, BETTE 4.2 NAME LESTRANGE, BETTE 4.3 STREET ADDRESS CITY- ST- ZIP TITLE SD BAY COLONY LANE 4.3 STREET ADDRESS CITY- ST- ZIP TITLE STREET ADDRESS CITY- ST- ZIP TITLE SIRET ADDRESS CITY- ST- ZIP TITLE SIRET ADDRESS CITY- ST- ZIP TITLE STREET ADDRESS COLONY STREET ADDRESS CITY ST- ZIP TITLE STREET ADDRESS COLONY STREET ADDRESS COLO			DELETE			ot - tr			······		Change	Addition
STREET ADDRESS CITY- ST-ZIP TITLE SD LESTRANGE, BETTE 4.1 TITLE SD LESTRANGE, BETTE 4.2 NAME STREET ADDRESS CITY- ST-ZIP TITLE STREET ADDRESS CITY- ST-ZIP TITLE STREET ADDRESS CITY- ST-ZIP TITLE DELETE 5.1 TITLE STREET ADDRESS CITY- ST-ZIP TITLE DELETE 5.1 TITLE STREET ADDRESS CITY- ST-ZIP TITLE STREET ADDRESS				3.2 NAN							_	
CITY-ST-ZIP FT LAUDERDALE FL SD				3.3 5	STREET.	ADDRESS						
TITLE SD DELETE 4.1 TITLE 4.2 NAME LESTRANGE, BETTE 4.2 NAME STRETT ADDRESS 80 BAY COLONY LANE 4.3 STREET ADDRESS CHY-ST-ZIP FT. LAUDERDALE FL 4.4 CHY-ST-ZIP TITLE 5.1 TITLE 5.1 TITLE 6.1 TITLE 7.2 Change Addition NAME 5.2 NAME STREET ADDRESS CHY-ST-ZIP 5.3 STREET ADDRESS CHY-ST-ZIP 6.1 TITLE 6.1 TITLE 7.3 STREET ADDRESS CHY-ST-ZIP 6.1 TITLE 6.1 TITLE 7.3 STREET ADDRESS CHY-ST-ZIP 6.3 STREET ADDRESS CHY-ST-ZIP 6.3 STREET ADDRESS CHY-ST-ZIP 6.4 CHY-ST-ZIP 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 certify that the Information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that we are applied by Chapter 617. Florida Statutes, and that my name				3.4. CITY-ST-ZIP			1					
NAME STREFT ADDRESS 80 BAY COLONY LANE STREFT ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL DELETE 1 TITLE DELETE 51 TITLE 52 NAME 52 NAME 52 NAME 53 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 61 TITLE Change Addition Change Addition Change Addition Addition Addition AMME STREFT ADDRESS CITY-ST-ZIP TITLE 63 STREET ADDRESS CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 wan 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			DELETE			<u></u>	1				Change	Addition
STREET ADDRESS CHY-ST-ZIP TITLE TITLE TOTALE STREET ADDRESS CHY-ST-ZIP TITLE TOTALE TO	NAME	LESTRANGE, BETTE		4.2	NAME							
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE S1 TITLE S1 TITLE S2 NAME S3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 61 TITLE 62 NAME STREET ADDRESS CITY-ST-ZIP 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 tho receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name	STREET ADDRESS	80 BAY COLONY LANE		4.3 5	STREET	ADDRESS						
NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 61 TIBLE 61 TIBLE Change Addition 62 NAME STREET ADDRESS CITY-ST-ZIP 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 tho receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name	CHY-ST-ZIP	FT. LAUDERDALE FL		4.4 0	CITY-SI	T-ZIP						
STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition 62 NAME STREET ADDRESS CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filling 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	TITLE		DELETE	5.1 T	ITLE						Change	Addition
CITY-ST-ZIP TITLE DELETE 6.1 TITLE 6.2 NAME STREET ADDRESS CITY-ST-ZIP 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 or discated 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	NAME			5.2 N	IAME							
THE DELETE 6.1 THE 6.2 NAME NAME STREET ADDRESS CHY-ST-ZIP 14. If 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	STREET ADDRESS			5.3 5	STREET	ADDRESS						
NAME STREET ADDRESS CITY-ST-ZIP 14. If 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	<u></u>			_	-	Y-ZIP					1 1 6:	F 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
STREET ADDRESS CITY-ST-ZIP 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	TITLE		L_] DELETE				1				L. Change	Addition
6.4 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filling does not qualify or 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							1					
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							1					
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		an earth, that the internation arms!	with this filing does as				atatod is	Cooling 110 07/21/15 Fi	orido Ctatuta	n 1 farath -	r martification	the
	informatio Lam an o	in indicated on this annual report or si fficer or director of the corporation or	upplemental annual report is the receiver or trustee empe	s true and owered to	accu	irate and	d that my	signature shall have the	ne same lega	l effect a:	s if made un	nder oath: that

SIGNATURE

SIGNATURE AND TYPED OR PR

h M Kellen J JOSEPH

2/28/87

954491402

FILED

Mar 24 1997 8:00am

Secretary of State

Daytime Phone # 0076873