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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 722725

(9)

FHENC	CH QUARTER CONDOMINI	IUM PHASE II, INC.							
Principal Place	e of Business	Mailing Address			\dashv				
408 N.W. 70TH AVENUE 408 N.W. 70TH AVENUE PLANTATION FL 33317-7550 PLANTATION FL 33317-7									
2 Principal Pl	leas of Division					ate Incorporated or Qualified 02/21/1972	За.	Date of Las 04/28/	
2. Principal Pl. 21	lace of Business	2a. Mailing Address			4. FE	El Number 59-1464057			Applied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		· · · · · · · · · · · · · · · · · · ·				\$9.7	Not Applicable
2		27			5. C	ertificate of Status Desired			5 Additional Required
City & State	6	City & State			I I	ection Campaign Financing rust Fund Contribution			00 May Be ed to Fees
Zip ⊒1	Country	Zip	Country			nis corporation has liability for	intangible		
4	25 9. Name and Address of Curre	29 29 Agent	30		Fid	orida Statutes	☐ Yes [□ No	
	o, rome and Address of Our	ant negletered Agent	81	Name	10. Ni	ame and Address of New R	egistere	d Agent	·
ODOM, 1	WAYNE H					D			
424 NW 70TH AVENUE #122			82	Street Ad	daress (P.O.	Box Number is Not Acceptab	le)		
PLANTA'	TION FL 33317		83						
			84	City				85 Z	ip Code
11. Pursuant t	to the provisions of Sections 617,050 ed agent, or both, in the State of Fiorth, and accept the obligations of Sec	02 and 617.1508, Florida Statut rida. Such change was authoriz	es, the above-r	named corp	poration subr	mits this statement for the pur	pose of cl		registered office Lagent, Lam
familiar wit	th, and accept the obligations of, Sec	ction 617.0503, Florida Statutes	3.	Janon's D		to b. The toy accept the apple		•	_
familiar wit SIGNATURE	ing and addept the deligations of, out	coon orr.0303, ripilida Statutes	S.	orallor13 Di		iolo. Thoroby goodpic the appli		•	Ü
familiar wit	Signature, typed or printed name of registered age	nt and title if applicable.	OTE: Registered Agen		ired when reinsta	nting)	DATE		
familiar wit SIGNATURE	Signature, typed or printed name of registered agei	nt and little if applicable. INC	OTE: Registered Agen		ired when reinsta		DATE	D DIRECTO	DRS IN 12
familiar wit SIGNATURE	Signature, typed or printed name of registered age OFFICERS AN	nt and title if applicable.	OTE: Registered Agen		ired when reinsta	nting)	DATE		
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SIGNATURE: SIGNATURE AND TYPED OF PRINTED HAME OF SIGNING OFFICER OR PINE

4/17/96 (954) 197-1406