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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # 1. Corporation Name

FILED May 06 1997 8:00am Secretary of State

Principal Place of Business 580 Building Corporation, Inc. 580 NE 127 STREET North Miami F1 33161 3. Date Incorporated or Qualified 4. FEI Number 5. Certificate of Status Desired 5. Certificate of Status	ole
2. Principal Place of Business 2a. Mailing Address 2b. D BOX 661554 2c. Suite Apt #, etc 2c. Suite Apt #, etc 2c. Suite Apt #, etc 2c. City & State 2c. Country 2d. Country 2d. Country 2d. State State State 2d. Miamin Springs FI. This corporation has liability for intengible tax under s. 199.032, Florida statutes 2d. This corporation has liability for intengible tax under s. 199.032, Florida statutes 2d. This corporation has liability for intengible tax under s. 199.032, Florida statutes 2d. This corporation has liability for intengible tax under s. 199.032, Florida statutes 2d. This corporation has liability for intengible tax under s. 199.032, Florida statutes 2d. This corporation has liability for intengible tax under s. 199.032, Florida statutes 2d. This corporation has liability for intengible tax under s. 199.032, Florida statutes 2d. This corporation has liability for intengible tax under s. 199.032, Florida statutes 2d. This corporation has liability for intending ble tax under s. 199.032, Florida statutes 2d. This corporation has liability for intending ble tax under s. 199.032, Florida statutes 2d. City State Address of New Registered Agent 2d. City State Address of New Registered Agen	le
28 P O BOX 661554 59-1535009 Not Applicat Suite Apit #, etc 29 Suite, Apit #, etc 20 City & State City & State City & State 28 Miami Springs FT, Trust Fund Contribution	ole .
Suite Apt #, etc Suite Apt #, etc Suite Apt #, etc Suite Apt #, etc State S	ole
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Country Zip Country Zip Country B. This corporation has liability for intangible tax under s. 199.032, 24 28 29 33266 30 Florida Statutes X Yes No	
24 25 29 33266 30 Florida Statutes \$\frac{1}{10}\$ Ves \ No \ 9. Name and Address of Current Registered Agent Stephen Straley, P.A. 3990 *Sheridan Street Suite 109 Hollywood F1 33021 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 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 agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 11. Pursuant to the provisions of Section 617.0503 and 617.1508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent than familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. Interest of the purpose of changing its registered agent when reinstating) 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 16. Change Additional and the purpose of changing its registered agent and the if applicable 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 16. Change Additional and the purpose of changing its registered agent and the interest agent age	
9. Name and Address of Current Registered Agent Stephen Straley, P.A. 3990 *Sheridan Street Suite 109 Hollywood F1 33021	
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## Street Address (P.O. Box Number is Not Acceptable) ## City ##	
Hollywood F1 33021 B4 City FL B5 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 agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 INTEL D/P Daniel T Damiano SIGNET ADDRESS 715 NE 205 Terrace 13 STREET ADDRESS	
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NAME Leonard Patrick O'Nell 22NAME STREET ADDRESS 1045 NE 85 Street 23 STREET ADDRESS 23 STREET ADDRESS	ľ
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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). Fiorida 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; if	'n

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.