FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

FILED

May 12 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

POCUMENT #

(4)

Principal Place of Business Mailing Address													
Principal Place	e of Busines:	\$	Mailing Address					J					
1841-1853 PEMBROKE RD HOLLYWOOD FL 33020			P.O. BOX 2508 HOLLYWOOD FL 33022					3. Date Incorporated or Qualified 08/22/1973					
US			US				<u> </u>	4. FEI Number		- IA	Applied For		
								i	5 9-2 314241			ot Applicable	
2. Principal P	lace of Busin	ness	2a. Malling Address						5. Certificate of Status Desired			Additional	
1			26						b. Certificate of Status Desired		•	Required	
Sulte, Apt.	#, ētc.		Suite, Apt. #, etc.					Election Campaign Financing Trust Fund Contribution		\$5.00 Added	May Be to Fees		
City & State			City & State					7. Is this nonprofit corporation a homeowners association? ✓ Yes ☐ No					
Zip	··	Country	·}/			untry a			8. This corporation owes or has p	 _		otanoible	
24	•	25	 		30	- 1			Personal Property Tax due June			No	
9. Name and Address of Curre									10. Name and Address of New R			4 3	
						81	Name						
MARIN, DINDA						62	Street	Address	s (P.O. Box Number is Not Accepta	ble)			
4211 SW 31ST DR Hallandale fl 33023						63							
					}	84	City	 -		FI	85 Zip	Code	
11. Purcuent	to the provisi	ions of Sections 617 0502	and 617 15	OR Elorida State	utoe the eh	V)/6	hamad	corpore	ation submits this statement for the			ite registered	
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.													
agent. I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes.													
SIGNATURE .	Signature, typed	or printed name of registered agent	and little if appli	cable (NC	TF: Registered	Age	ni sinnalura	required v	when reinstating)	DATE			
12.	OFFICERS AND DIRECTORS 13.								ADDITIONS/CHANGES TO OFFI	CERS AN	ID DIRECTO	RS IN 12	
TITLE	DP	<u> </u>		DELETE	1.1 10	LE.		PR	esident		Change	☐ Addition	
NAME	DIMATTA	4, CHENZNIA					1.2 NAME		er noise Tullach		•		
STREET ADDRESS		etcher St	1.			3 STREET ADDRESS		+04	ecorie Tullah sPembrate Ra #10				
CITY-ST-ZIP		/OOD FL 33020				CITY-ST-ZIP		.6.	tollywood, FL 3:	3030			
TITLE	DVS			DELETE	2.1 TiT	LE		SEC	REPAIR		Change	☐ Addition	
NAME	MARIN,			2.21				Sue	SAN MOGUIRE				
STREET ADDRESS		V 31ST DR		2.3 ST	2.3 STREET ADDRESS 8		83.	26 262 St			1		
CITY-ST-ZIP		DALE FL 33023		Marian		2.4 CITY-ST-ZIP				004			
TITLE	D	NARCHT.		DELETE	3.1 TIT		1	16	ASURER .		Change	Addition	
NAME		S, ROBERT			3.2 NAME 3.3 STREET ADDRESS			MHE WIND HORSI					
STREET ADDRESS	52 ATW	AVEN CT 06516				- 1	84:	30 NW 19m SI	274	w.J			
CITY-ST-ZIP TITLE	D	AVEN CT 00310		DELETE	3.4. CI 4.1 TIT		t-ZIP	121	the Wind horst so NW 19th St nbrace Pius, FL	334	Change	Addition	
NAME	ELLIS, W	VARREN			4. 2 N/							- Northolf	
STREET ADDRESS		HILLSIDE LAKE PARK					address	1					
CITY-ST-ZIP		CANADA NOBIE-O			4.4 CH								
TITLE	D			☐ DELETE	5.1 TIT		4.91				Change	☐ Addition	
NAME	BOLOGN	VA, CARMINE			5.2 NA	ME							
STREET ADDRESS	4276 53				1		ADDRESS						
CITY-ST-ZIP	MONTRE	AL HIZ14-8			5.4 CIT	Y-S1	T- ZIP						
TITLE	1			DELETE	6.1 TIT	LE					Change	☐ Addition	
NAME					6.2 NA	ME	ļ	1					
STREET ADDRESS					6.3 ST	REET	address						
CITY-ST-ZIP				· · · · · · · · · · · · · · · · · · ·	6.4 CIT			<u>L</u> _					
14. I hereby of indicated	ertify that the on this annu	e intormation supplied with al report or supplemental	n this filing o annual repo	does not qualify ort is true and ac	tor the exe	mpt I the	tion state at my sig	∋oin Se onature a	ction 119.07(3)(i), Florida Statutes. shall have the same legal effect as	i turther o	certify that the under oath; th	e information hat I am an	
officer or e Block 12 o	director of the or Block 13 if	e corporation or the received the changed, or on an attach	ver or truste iment with a	e emp owe red to an address.	execute th	าไร เ	eport as	require 1 A N	ction 119.07(3)(i), Florida Statutes, shall have the same legal effect as and by Chapter 617, Florida Statutes; is just Tull och	and that	i my name ap	opears in	

Mounice Tulkout

maejorie Tolloch

5/1/98