## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 735254

(5)

Principal Place of E 687 W, GRANADA BLI RMOND BEACH FL 3  2. Principal Place of 21  Suite, Apt. #, etc 22  City & State 23  Zip 24	Country 25  Name and Address of Currer		Country	3. Date Incorporated or Qualified 03/15/1976  4. FEI Number 59-1647066  5. Certificate of Status Desired  6. Election Campaign Financing Trust Fund Contribution  8. This corporation has liability for	3a. Date of Last Report 05/01/1996 Applied F Not Appli  \$8.75 Addition Fee Required \$5.00 May B Added to Fees
2. Principal Place of Sulte, Apt. #, etc 22 City & State 23 Zip 24	Country  25  Name and Address of Currer  DHN P.	ORMOND BEACH FL 32174-67 US  2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country	03/15/1976     4. FEI Number	05/01/1996   Applied F   Not Applied F   S8.75 Addition   Fee Required   \$5.00 May B
21 Suite, Apt. #, etc 22 City & State 23 Zip 24	Country 25 Name and Address of Currer OHN P.	26   Suite, Apt. #, etc.   27   City & State   28   Zip   29	<del></del>	03/15/1976     4. FEI Number	05/01/1996   Applied F   Not Applied F   S8.75 Addition   Fee Required   \$5.00 May B
21 Suite, Apt. #, etc 22 City & State 23 Zip 24	Country 25 Name and Address of Currer OHN P.	26   Suite, Apt. #, etc.   27   City & State   28   Zip   29	<del></del>	<ul> <li>59-1647066</li> <li>5. Certificate of Status Desired</li> <li>6. Election Campaign Financing Trust Fund Contribution</li> <li>8. This corporation has liability for</li> </ul>	\$8.75 Addition Fee Required \$5.00 May B
Suite, Apt. #, etc 22 City & State 23 Zip 24	Country  25  Name and Address of Currer  OHN P.	Suite, Apt. #, etc. 27 City & State 28 Zip 29	<del></del>	Certificate of Status Desired     Election Campaign Financing     Trust Fund Contribution     This corporation has liability for	\$8.75 Addition Fee Required \$5.00 May B
City & State  Zip  Zip	Country  25  Name and Address of Currer  OHN P.	27 City & State 28 Zip 29	<del></del>	Election Campaign Financing     Trust Fund Contribution     This corporation has liability for	Fee Required  \$5.00 May B
Zip Zip	Name and Address of Currer	City & State 28 Zip 29	<del></del>	Trust Fund Contribution  8. This corporation has liability for	
Zip 24	Name and Address of Currer	Zip 29	<del></del>	8. This corporation has liability for	Added to Fees
24	Name and Address of Currer	29	<del></del>		
9.	Name and Address of Currer		301		intangible tax under s. 199.0 🖫 Yes 🖫 No
	OHN P.			Florida Statutes  10. Name and Address of New Re	
			B1 Name		
ANDEREGG, J			82 Street Add	dress (P.O. Box Number is Not Acceptal	) a\
		1 CARRIAGE CREEK WAY			
ORMOND BEACH FL 32174			83	oquina Point Dr	
			84 City		85 Zip Code
			Ormo	nd Beach	FL     32174
	ered agent, or both, in the State niliar with, and accept the oblig	e of Florida. Such change was a ations of, Section 617.0503, Flo	uthorized by the corpora rida Statutes.	rporation submits this statement for the patients beard of directors. I hereby acce	pt the appointment as registe
SIGNATURE Signal	ure, typed or printed hame of registered age	ant and little if applicable. (NOTE	Registered Agent signature requ	uired when reinstating)	DATE
12.	OFFICERS AN	D DIRECTOR\$	18.	ADDITIONS/CHANGES TO OFFIC	
TITLE PD		☐ DELETE	1.1 TITLE		کے Change کے A
	DEREGG, JOHN P.		1.2 NAME	5 Coquina Point D	•
	ARRIAGE CREEK WAY			o coquina forne b	32174
CITY-ST-ZIP OR	MOND BEACH FL	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change A
110	LARD, MACK		2.2 NAME		
	MUIRFIELD DR		23 STREET ADDRESS		
	TONA BCH FL		2.4 CiTY-ST-ZIP		
TITLE	)	☐ DELE1E	3.1 TITLE	· · · · · · · · · · · · · · · · · · ·	☐ Change ☐ A
	RCUM, MARLIN		3.2 NAME		
	1 S PENINSULA DR		3.3 STREET ADDRESS		
CITY-ST-ZIP DAY	TONA BEACH FL	DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change A
NAME		□ vereit	4.1 TILE 4, 2 NAME		C Amongo LTV
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-2IP			4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ A
NAME			5 2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		Photograph	5.4 CITY-ST-ZIP		T Aliana Fi
TITLE		☐ DELETE	6.1 TITLE		Change A
NAME expect appaces			6.2 NAME 6.3 STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			6.4 City-St-ZIP		
14. I do hereby ce	rtify that the information supplie	d with this filing does not qualif	v for the exemption state	ed in Section 119.07(3)(i), Florida Statute	s. I further certify that the
I am an officer	icated on this annual report or s or director of the corporation or ok 12 or Block 13 if changed, o	the receiver or trustae empour	ared to execute this reno	at my signature shall have the same lega ort as required by Chapter 617, Florida S	al effect as if made under oat Statutes; and that my name

1/15/97

904-672-5571

**FILED** 

Apr 28 1997 8:00am

Secretary of State