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NONPROFIT **CORPORATION** ANNUAL REPORT

1998

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

FILED
Feb 24 1998 8:00am
Secretary of State

	SUNSEL BILLES CON						
	ce of Business	Mailing Address	sh ECth 3				
1		Lauderhill,	th 56th Avenue	3. Date Incorporated or Qualified			
	ale Lakes, FL 33311	US	LT 222T2	01/26/79			
US	are makes, in 33311	W.		4. FEI Number 59-2005567		1-	pplied For lot Applicable
2. Principal Place of Business		2a. Mailing Address		5. Certificate of Status Desired	<b>₩</b> \$	8.75	Additional
Suite, Apt. #, etc.		Suite, Apt. #, etc.	<u> </u>	6. Election Campaign Financing	•		May Be
22		27		Trust Fund Contribution			May be lo Fees
City & Stat	le	City & State		7. Is this nonprofit corporation a ho	meowners ass		on?
Zip	Country	Zip	Country	8. This corporation owes or has pa			4
24	25	29	30	Personal Property Tax due June			No No
<del></del>	9. Name and Address of Current			10. Name and Address of New Re			
STEWART	, DENNIS (ESQ)		81 Name		<u> </u>	•	
2979 NW	56th Avenue		82 Street Add	dress (P.O. Box Number is Not Acceptab			
Lauderhi	ill, FL 33313		Sileer Add	areas (F.O. Box Northber is Not Acceptab	™ <del>C</del> )		
	-		83				
			84 City		100	7.5	Care
			1.1.		FL 65	1	Code
office or r	to the provisions of Sections 617.0502 registered agent or both in the State of	and 617.1508, Florida St If Florida, Such change w	atules, the above-named cor as authorized by the coroors	rporation submits this statement for the p ation's board of directors. I hereby accep	ourpose of char of the appointm	nging i ent as	ts registered registered
agent I a	am familiar with, and accept the obligat	ions of Section 617.0503	I. Florida Statutes.				
agent. I a							
SIGNATURE	Signature typed or printed name of registered agent	and title if applicable	(NOTE Registered Agent signature req.	uired when reinstating)	DATE		
		and title if applicable			DATE CERS AND DIR	ECTOR	RS IN 12
SIGNATURE .	Signature typed or printed name of registered agent OFFICERS AND VPSD	and title if applicable DIRECTORS	NOTE Registered Agent signature requ	uired when reinstating)	DATE CERS AND DIR		RS IN 12
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2/18/98

(954) 777-2765