3/4/97 B 267- C FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

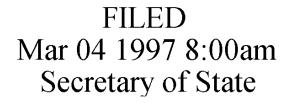
Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1997 DOCUMENT #

1. Corporation Name 748789

(5)



		Mailing 16 ANDR	Address EWS AVENUE BEACH FL 33483-								
							3. Date Incorporated or Qualified 09/05/1979	3a. D	ate of Last F 02/15/19	Report 96	
2. Principal 21	Place of Business	ng Address				4. FEI Number Applied Fc 59-2006065 Not Applie			 		
Suite, Apt	t. #, etc.	Suite	26 Suite, Apt. #, etc.				5. Certificate of Status Desired See Required Fee Required			Additional	
City & Sta	ite	City	& State				Election Campaign Financing Trust Fund Contribution			May Be	
Zip Country		Zip Country				8. This corporation has liability for i			to Fees		
24	25	29	— ·		•		Florida Statutes Yes				
<u></u>	9. Name and Address of Cur		Agent	30			10. Name and Address of New Re	gistered	Agent		
				8	1	Name					
Cavasini, Stephen 16 andrews avenue					2	Street Add	ess (P.O. Box Number is Not Acceptable)				
	Y BEACH FL 33483		83			,					
				8-	4	City		FL	85 Zip	Code	
SIGNATURE	Signature, typicd or printed name of registered	agen) and title if appl	cable (NO)	E: Registered A		signatura requ	dred when reinstaling)	DATE			
12.		AND DIRECTOR	DELETE	13.	. –	T =	ADDITIONS/CHANGES TO OFFIC	ERS AN	*****	RS IN 12 Addition	
TITLE	D DECVETT NAME		DECETE	1.1 TITLE			ONES! CAODL.		☐ Change	Addition	
NAME STOCKE ADDRESS	BECKETT, JUNNE 859 E JEFFREY ST 711-2			1.2 NAME		000000	16 AND NEWS ME *	10			
STREET ADDRESS	BOCA RATON FL			1.3 STRE			NOTABLE BOLL SI	224	23		
CITY ST-ZIP	D		DELETE	1.4 CITY- 2.1 TITLE		ZIF	Mand boult	201	Change	Addition	
NAME	CODNER, AMANDA			2.2 NAME					Line Ortaligo	Land Troomer	
STREET ADDRESS				2.3 STAE		ODRESS					
CITY-ST-7IP	DELRAY BCH FL			2. 4 CITY		- 1					
THLE	D		DELETE	3.1 TITLE					Change	Addition	
NAME	DESGROSEILLIERS, MICHA	EL		3.2 NAME	E	J					
STREET ADDRESS	16 ANDREWS AVE 🚜	11		3.3 STREE	ET A	DORESS					
CITY - ST - 7IP	DELRAY BCH FL			3.4. C(TY	′-\$T	- ŽIP					
TITLE	P		DELETE	4.1 TITLE	:				Change	Addition	
NAME	CAVASINI, STEPHEN			4. 2 NAM	IE						
STREET ADDRESS				4.3 STRE	ET A	DDRESS					
CITY-ST-ZIP	DELRAY BEACH FL			4.4 CITY		ZIP			·		
TITLE	7		☐ DELETE	5.1 TITLE					☐ Change	Addition	
NAME	ROSSI, CAROC			5.2 NAM							
STREET ADDRESS	A PARILLE			5.3 STRE		ſ				,	
CITY-ST-ZIP	1 • • • • • • • • • • • • • • • • • • •		DELETE	5.4 CITY-		ZIP			Channe	A 312121-	
TITLE			☐ DELETE	61 TITLE					Change	Addition	
NAME				6.2 NAME							
STREET ADDRESS	` \			6.3 STREE	ET A	DDRESS					
CITY - ST - ZIP				6.4 CITY-							

I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida 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; that I am an officer or director of the conficient or the receiver or trustee emovered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 in changed, or on an attachment with an address.

SIGNATURE: