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NONPROFIT CORPORATION

FLORIDA DEPARTMENT OF STATE

Sandra B. Morthan

FILED Mar 03 1998 8:00am

	JAL REPORT 1998		Secretary DIVISION OF CO		Secreta	ry of State
DOCUI 1. Corporation	MENT #	756386	(9)	,		
ELECT	ROLYSIS SOC	HETY OF FLORID	A, INC.		d the state of the	t dem mente mente mente Medie Medie Medie ende
<i>*</i>	•					
Principal Plac	e of Business		Mailing Address			D DIŞLI DYBIY SYEYI BIĞIK BIBIY DIĞIY GYDIY (BƏV
1855 W.S.R. 43	14		1855 W.S.R. 434		3. Date Incorporated or Qualified	
SUITE 200 SUITE 200 LONGWOOD FL 32750-5071 LONGWOOD FL 32750-5					02/16/1981	
LONGHOOD FL	. 52750-5071		CONSTITUTE PL SZISOPSON		4. FEI Number	Applied For
9 Principal P	lace of Business /	· · · · · · · · · · · · · · · · · · ·	2a. Mailing Address .		59-2184313	Not Applicable
211 F		ark Drivez	_ 4 = 1	Park Dru	5. Certificate of Status Desired	S8.75 Additional Fee Required
Suite, Apt,	#, etc.	1	Sulte, Apt. #, etc.	20	6. Election Campaign Financing	\$5.00 May Be
City & State	te #30		City & State	بار	7. Is this nonprofit corporation a h	Added to Fees
23 Pa W	n Cogsi	FL 2	e tolm (oas			Yes No
Zip 24 3213	i C	ountry	32(37	Country Flagle	This corporation owes or has p Personal Property Tax due Jun	
24 0215		ddress of Current Re		1431C	10. Name and Address of New R	0 007
•				81 Name	Sharon M.	Cimacolli
LOTT, REIDI C 82 Street				ddress (P.O. Box Number is Not Accepta	able) the and	
1855 W.S.R. 434 SUITE 200					Florida Park	Drive # 320
	:00 'OOD FL 32750-5	∩71				1-51 2 .
[CHI				84 City	m Coast	FL 52137
11. Pursuant to	to the provisions of registered agent, or	Sections 617,0502 and both, in the State of Fl	d 617.1508, Florida Statuter	s, the above-named of	corporation submits this statement for the	purpose of changing its registered
agent. I ø	ım familiar with, and	accept the obligation			oration's board of directors. I hereby acce	3-98
SIGNATURE.	All	any wa	arno	Much		J-70
	Signature, typed or printe	d name of poisiered agent and	tille if applicable (NOT)	Registered Agent signature r	equired when reinstating)	DATE
12.		ON ICERS AND DIE	RECTORS /	13.	equired when reinstaling) ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12
12. TITLE	Preside	OF ICERS AND DIE		13. 1.1 TITLE		
12. TITLE NAME	Preside ADAMS, JUDY	OMICERS AND DIE	RECTORS /	13. 1.1 TITLE 1.2 NAME		ICERS AND DIRECTORS IN 12
12. TITLE NAME STREET ADDRESS	Preside ADAMS, JUDY 651 A1A BEA	OMMCERS AND DIE	RECTORS /	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS		ICERS AND DIRECTORS IN 12
12. TITLE NAME	Preside ADAMS, JUDY 651 A1A BEA ST. AUGUSTII	OMMCERS AND DIE	RECTORS /	13. 1.1 TITLE 1.2 NAME		ICERS AND DIRECTORS IN 12
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Preside ADAMS, JUDY 651 A1A BEA ST. AUGUSTII VD 2 VIII MONTEAGUD	OMPICERS AND DIE AT CH BLVD - RA NE BEACH FL P (CS) de AT O, BOBBIE	RECTORS / DELETÉ	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CHY-ST-ZIP		ICERS AND DIRECTORS IN 12 Change Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Preside ADAMS, JUDY 651 A1A BEA ST. AUGUSTII VD 2 VIII MONTEAGUD 7800 RED RD	OMPICERS AND DIE AT CH BLVD - XA NE BEACH FL C Y (CS) de AT O, BOBBIE . #103	RECTORS / DELETÉ	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS		ICERS AND DIRECTORS IN 12 Change Addition
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14. I 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 cath; that I 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.

SIGNATURE:

| 1-33-98 | 904-461-0065 |