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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 04 1998 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

759692

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## DANIANS SOUTH MANAGEMENT FOUR, INC.

<i>571.</i> 41711	to occiti mana calment	1 0011, 1110				
Principal Place of Business		Mailing Address				SFREE STREET BEREE BEREET BEREET
505 EAST DANIA BEACH BLVD		505 EAST DANIA BEACH BLVD			3. Date Incorporated or Qualified	
#4		#4			08/19/1981	
Dania FL 33004 US		Dania FL 33004 US			4- FEI Number	Applied For
					59-2136084	Not Applicable
	lace of Business	2a. Mailing Address	3		5. Certificate of Status Desired	\$8.75 Additional
Suite, Apt.	# atc	Suite, Apt. #, etc	<u></u>		6. Election Campaign Financing	Fee Required \$5.00 May Be
22	#, GC.	27	<b>.</b>		Trust Fund Contribution	Added to Fees
City & State	9	City & State			7- Is this nonprofit corporation a homeow	
23		28			XX Yes	□No
Zip	Country	Zip	<del>⊢_</del>	intry	8. This corporation owes or has paid the	
24	25	29	30		Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curre	ent Hegistered Agent		81 Name	10. Name and Address of New Register	eo Agent
	LLL MARCHA					
MATTEL, HARVEY				82 Street Address (P.O. Box Number is Not Acceptable)		
524 S ANDREWS AVE SUITE 101 FT LAUDERDALE FL				83		
1.2.00				84 City		85 Zip Code
			=**			- L
11. Pursuant t	to the provisions of Sections 617.05 egistered agent, or both, in the Stat	502 and 617.1508, Florida : te of Florida. Such change	Statutes, the a was authorize	bove-named d by the cor	corporation submits this statement for the purpos poration's board of directors. I hereby accept the	se of changing its registered appointment as registered
agent, I-ar	nt farmilar with, and accept the obli-	gations of Section 617.050	03, Florida Sta	tures.	The to 1	1/9/09
SIGNATURE J	IRENE W. IDRO			Lune	o required when reinstating) DAT	1/0/70
12.	Signature, typed or printed name of registered as OFFICERS At	gent and title if applicable. ND DIRECTORS	(NOTE: Hegistere	a Agent signature	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PD	DELET	TE 1.1 T	TLE		☐ Change ☐ Addition
NAME	STERANKO, JOHN					Change Madition
STREET ADDRESS			1,2 N	AME		Change Addition
		BLDG.#4. APT. 2-L		ame Treet address		Gridings Addition
I CITY-ST-ZIP I	505 E DANIA BEACH BLVD, DANIA FL	•	1.3 S			_ Change Addition
CITY-ST-ZIP TITLE	505 E DANIA BEACH BLVD,	•	1.3 S	TREET ADDRESS	5/0	Change
	505 E DANIA BEACH BLVD, DANIA FL	BLDG.#4, APT. 2-L	1.3 S	TREET ADDRESS ITY-ST-ZIP ITLE		
TITLE	505 E DANIA BEACH BLVD, DANIA FL SD	X DELET	1.3 S 1.4 C E 2.1 T 2.2 N	TREET ADDRESS ITY-ST-ZIP ITLE		
TITLE NAME	505 E DANIA BEACH BLVD, DANIA FL SD RYLL, GRACE	VD #4	1.3 S 1.4 C 2.1 T 2.2 N 2.3 S 2.4 U	TREET ADDRESS ITY-ST-ZIP ITLE AME		Change Addition
TITLE NAME STREET ADDRESS	505 E DANIA BEACH BLVD, DANIA FL SD RYLL, GRACE 505 EAST DANIA BEACH BL DANIA FL TD	X DELET	1.3 S 1.4 C E 2.1 T 2.2 N 2.3 S 2.4 C E 3.1 T	TREET ADDRESS ITY-ST-ZIP ITLE AME TREET ADDRESS CITY-ST-ZIP ITLE	SiD BRAdy Myken 505 E PANIA Beh Brod. Dania, FLA 33004	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	505 E DANIA BEACH BLVD, DANIA FL SD RYLL, GRACE 505 EAST DANIA BEACH BL DANIA FL	VD #4	1.3 S 1.4 C 2.1 T 2.2 N 2.3 S 2.4 (	TREET ADDRESS ITY-ST-ZIP ITLE AME TREET ADDRESS CITY-ST-ZIP ITLE		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	505 E DANIA BEACH BLVD, DANIA FL SD RYLL, GRACE 505 EAST DANIA BEACH BL DANIA FL TD BROWN, IRENE W 505 EAST DANIA BEACH BL	VD #4-	1.3 S 1.4 C 2.1 T 2.2 N 2.3 S 2.4 I E 3.1 T 3.2 N 3.3 S	TREET ADDRESS  ITY-ST-ZIP  ITLE  AME  TREET ADDRESS  CITY-ST-ZIP  ITLE  AME  TREET ADDRESS		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 oath; 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: 

\*\*\*SIGNATURE\*\*

\*\*\*SIGNATURE\*\*