


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
 Aug 13 1998 8:00am  
 Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N31111 (0)**

1. Corporation Name  
**F.G.H.A., INC.**



Principal Place of Business <b>C/O PATRICK HOLLIS        2008 FOREST GLEN CT        TALLAHASSEE FL 32303</b>	Mailing Address <b>C/O PATRICK HOLLIS        2008 FOREST GLEN CT        TALLAHASSEE FL 32303</b>
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3. Date Incorporated or Qualified  
**03/10/1989**

4. FEI Number  
**59-3129194**

Applied For  
 Not Applicable

2. Principal Place of Business <b>21 C/O ABE SCHESTOPOL</b> Suite, Apt. #, etc. <b>22 2004 FOREST GLEN CT</b> City & State <b>23 TALLAHASSEE</b> Zip <b>24 32303</b>	2a. Mailing Address <b>25 P.O. BOX 3848</b> Suite, Apt. #, etc. <b>26</b> City & State <b>27 TALLAHASSEE</b> Zip <b>28 32315</b>	Country <b>29 LEON</b>	Country <b>30 LEON</b>
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
 Yes  No

9. Name and Address of Current Registered Agent

**HOLLIS, PATRICK  
 C/O PATRICK HOLLIS  
 2008 FOREST GLEN CT  
 TALLAHASSEE FL 32303**

10. Name and Address of New Registered Agent

**81 Name ABE SCHESTOPOL**  
**82 Street Address (P.O. Box Number is Not Acceptable) 2004 FOREST GLEN CT**  
**83**  
**84 City TALLAHASSEE FL** **85 Zip Code 32303**

11. Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 617.0504, Florida Statutes.

SIGNATURE: *Abel Schestopol* **8/6/98**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE <b>PD</b>	NAME <b>JORDAN, JOSH</b>	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS <b>2011 FOREST GLEN CT</b>	CITY-ST-ZIP <b>TALLAHASSEE FL 32303</b>	
TITLE <b>VO</b>	NAME <b>ROSE, GERRY</b>	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS <b>2007 FOREST GLEN CT</b>	CITY-ST-ZIP <b>TALLAHASSEE FL 32303</b>	
TITLE <b>SD</b>	NAME <b>JAHODA, PAT</b>	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS <b>2012 FOREST GLEN CT.</b>	CITY-ST-ZIP <b>TALLAHASSEE FL 32303</b>	
TITLE <b>TD</b>	NAME <b>HOLLIS, PATRICK</b>	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS <b>2008 FOREST GLEN CT.</b>	CITY-ST-ZIP <b>TALLAHASSEE FL 32303</b>	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <b>PRESIDENT &amp; DIR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME <b>PAT JAHODA</b>	
1.3 STREET ADDRESS <b>2012 FOREST GLEN CT</b>	
1.4 CITY-ST-ZIP <b>TALLAHASSEE, FL 32303</b>	
2.1 TITLE <b>TREASURER &amp; DIR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME <b>ABE SCHESTOPOL</b>	
2.3 STREET ADDRESS <b>2004 FOREST GLEN CT</b>	
2.4 CITY-ST-ZIP <b>TALLAHASSEE, FL 32303</b>	
3.1 TITLE <b>JON DAVIDSON</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME <b>2015 FOREST GLEN CT</b>	
3.3 STREET ADDRESS <b>TALLAHASSEE, FL 32303</b>	
3.4 CITY-ST-ZIP <b>SECTY &amp; DIR.</b>	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: *Abel Schestopol* **ABE SCHESTOPOL** **8/6/98** **(850) 386 8955**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (5/98)