FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997DOCUMENT #

N34635

(5)

Principal Place of Business Mailing Address 2697 SUNSET POINT RD CLEARWATER FL 34619-1500					
US		US		3. Date incorporated or Qualified 3 10/12/1989	Date of Last Report 06/21/1996
2. Principal Pl	ace of Business	28. Mailing Address		4. FEI Number 59-2982262	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country .	8. This corporation has liability for Intar Florida Statutes	ngible tax under s. 199.032, es
	9. Name and Address of Currer	nt Registered Agent	81 Name	10. Name and Address of New Regist	tered Agent
NASSER, WILLIAM J C/O C&N PROPERTY MGMT., INC. 2697-B SUNSET POINT RD. CLEARWATER FL 34639 ₄ 33759			82 Street Add 83	fress (P.O. Box Number is Not Acceptable)	FL 85 Zip Code
SIGNATURE	egistered agent, or both, in the State in familiar with, and accept the oblig Signature, typed or printed name of registered age		uthorized by the corpora rida Statutes. Registered Agent signature requ	poration submits this statement for the purp ation's board of directors. I hereby accept the dred when reinstating)	e appointment as registered
12.	OFFICERS AN	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTORS IN 12
TifLE	DS	DELETE	1.1 TITLE		Change Addition
NAME Street address	LAWRENCE, JAMES 1957 PROMENADE WAY		1.2 NAME 1.3 STREET ADDRESS		
CITY - ST - ZIP	CLEARWATER FL 34620		1.4 CITY-ST-ZIP		
TITLE	DP	DELETE	2.1 TITLE		Change Addition
NAME	MARLOW, DOUG		2.2 NAME		
STREET ADDRESS	1961 PROMENADE WAY		2.3 STREET ADDRESS		•
CITY-ST-ZIP	CLEARWATER FL		2. 4 CITY - ST - ZIP		
TITLE	DT	☐ DELETE	3.1 TITLE		Change Addition
NAME	ESTRADA, MIKE		3.2 NAME	-	
STREET ADDRESS	1973 PROMENANDE WAY		3.3 STREET ADDRESS		
CITY-SI-ZIP	CLEARWATER FL		3.4. CITY+ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CHY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		

64 CITY-ST-ZIP

14. 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 composition 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 of chapter 617. Statutes and that my name address.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

SAMME S.8

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME Street address

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

1/28/97

(8/2) 538-2123

Addition

FILED

May 13 1997 8:00am

Secretary of State