FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

N41221

(5)

1. Corporation	VI⊑IVI n Name	# 194122			(3)									
	-MACK, I													
DLUE-A.	TVIACIN, I	NO.								 1886 1886		I BIBII s eben bib		
Principal Place	of Busines	N	Mailing Address							DI DIDII BIBIA	/ 81411 91811 918	11 01011 1941		
1567 NW 6TH S	ST.													
FORT LAUDERDALE FL 33311 FORT LAUDERDALE FL 33311-59														
u\$										3. Date Incorporated or Qualified 12/13/1990	3a. Dat	te of Last Re)6/03/199	port	
			·						l	0	<i>1</i> 6/03/199	6		
2. Principal Place of Business				2a. Mailing Address						4. FEI Number 65-0326554			plied For	
21				26						05-0320354			t Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.						5. Certificate of Status Desired		\$8.75 A		
City & State			- 27	City & State						6. Election Campaign Financing		\$5.00		
23				28						Trust Fund Contribution Added to Fees				
Zip	Country						Country			8. This corporation has liability for			199.032,	
24	25			29 30							Yes [
	9. Name	and Address of Curre	nt Regi	stered Age	enl		81	Name		10. Name and Address of New Re	gistered A	gent		
41 MARKA - 4 1 1							81	Mame						
IVEY, ALBERT 1567 NW 6TH STREET							82 Street Addre			ss (P.O. Box Number is Not Acceptat	le)			
			83											
FORT LAUDERDALE FL 33311												T-21 - 2		
							84	•		FL 85 Zip Code				
11. Pursuant	to the provis	sions of Sections 617.05	02 and	617.1508,	Florida Statu	les, the a	bove	-named	corpo	ration submits this statement for the p	urpose of	changing its	s registered	
office or re agent. I a	egistered at m fam iliar w	gent, or both, in the Stat lith, and accept the obliq	e or Fioi gations :	of, Section	change was 617.0503, Fl	authorize orida Sta	tutes	rine con S.	poratio	ration submits this statement for the pon's board of directors. I hereby accept	л ше аррс	י פש וויטוווות	redistaten	
SIGNATURE														
12.	Signature, typed	or printed name of registered at OFFICERS Af			. (NOT	E Registere	d Age	eni signature	required	d when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE CERS AND	DIRECTOR	S IN 12	
TITLE	PD	OFFICEROAL	VO DITE		DELETE	1.1 1	ITLE		Ι -	7,07,07,07,07,07,07,07,07,07,07,07,07,07		Change	☐ Addition	
NAME		S, JOSEPH				1.2 N	AME							
STREET ADDRESS	AAAA ANA AATH OTOPPT				1.3			1.3 STREET ADDRESS				i		
CITY-ST-ZIP	FT. LAU	DERDALE FL					1.4 CITY-ST-ZIP							
TITLE	TD			. [DELETE	2.1 T	ITLE					Change	Addition	
NAME		S, WILLIE C.				2.2 N	AME							
STREET ADDRESS								2.3 STREET ADDRESS						
CITY-ST-ZIP		DERDALE FL			DELETE			ST - ZIP	ļ			Change	☐ Addition	
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NAME STREET ADDRESS	RAD SW	1ST STREET						ADDRESS						
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TITLE	graint,			Ţ	DELETE	4.1.1		J. 4.11	1			Change	Addition	
NAME						4. 2	NAME		1					
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CITY-ST-ZIP						4.4 0	ITY-S	T-ZIP						
TITLE				Ī	DELETE	5.1 T	ITLE					Change	☐ Addition	
NAME							AME							
STREET ADDRESS								ADDRESS						
CITY-ST-ZIP				-	DELETE			ST-ZIP	 -			Change	Addition	
TITLE				L	DELETE	6.1 T						டு பன்யும்	C Vagurari	
NAME		•					IAME TOCCT	ADDRESS						
STREET ADDRESS							ADURESS ST-ZIP							
CITY-ST-ZIP	l					0.4 (<u> </u>	>1 " £11"	1					

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 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 chapted, or on an attachment with an address.

1/17/97

FILED

Aug 04 1997 8:00am

Secretary of State

PE037 (9/96)