FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9400002283

City & State

Principal Place of Business	Mailing Address				
1900 SW 24TH TERR FT LAUDERDALE FL 33312	1900 SW 24TH TERR FT LAUDERDALE FL 33312				
us	US				

28

City & State

Mar 04, 1999 8:00 am § Secretary of State

03-04-1999 90219 007 ****61.25

|--|

3. Date incorporated or Qualifed

5. Certifcate of Status Desired

05/09/1994 4. FEI Number

65-0500927

23	-	28						Fee K	equirea		
Zip	Country	Žip		ountry		6. Election Campaign Financin	ng 🗆	\$5.00	May Be		
24	25	29	30			Trust Fund Contribution	<u> </u>	Added	to Fees		
Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent					
				81	Name						
FAI OWSK	(I STEPHEN			82	Street Art	dress (P.O. Box Number is Not Acce	entable)				
FALOWSKI, STEPHEN 1900 SW 24TH TERR					Olicotria						
	RDALE FL 33312			83					:		
110000	INDICE I C GOOTE			84	0.4		·	85 Zip	Code		
					City		FL_				
office or a	to the provisions of Sections 617.050 registered agent, or both, in the State am familiar with, and accept the obliga	of Florida, Such cha	inge was authori	zed by	the corpora	rporation submits this statement for t ation's board of directors. I hereby ac-	he purpose of cept the appoir	changing its ntment as re	registered egistered		
SIGNATURE		at and title if applicable	(NOTE: Paniet	ared Ameni	signature regu	uired when reinstating)	DATE				
12.	Signature, typed or printed name of registered age	ND DIRECTORS		3.		ADDITIONS/CHANGES TO	OFFICERS AN	D DIRECTO	RS IN 12		
TITLE	PD		DELETE 1.	1 TITLE				Change	☐ Addition		
NAME	FALOWSKI, STEPHEN	_		2 NAME		•					
STREET ADDRESS	TACONOM, OTEL TIEN		1.3 STREET ADORESS								
•			1.4 CITY-ST-ZIP								
CITY-ST-ZIP			2.1 TITLE				Change	☐ Addition			
NAME	GAFFIN, JANE		2	2 NAME		•	•	•			
STREET ADDRESS	1920 S.W. 24 TERRACE		2	3 STREET	ADDRESS						
CITY-ST-ZiP	FT LAUDERDALE FL		_	4 CITY-S		•		•			
TITLE	SD			1 TITLE				Change	☐ Addition		
NAME	FALOWSKI, BARBARA		3	2 NAME							
STREET ADDRESS	1900 SW 24TH TERR		~	3 STREET	ADDRESS						
CITY-ST-ZIP	FT LAUDERDALE FL 33312		3	4. CITY-S	T-ZIP						
TITLE	TD		DELETE 4	.1 TITLE			,	Change	☐ Addition		
NAME	RAUSCH, PATRICK		4	2 NAME			•	•			
STREET ADORESS			4	3 STREET	ADDRESS						
CITY- \$T- ZIP	FT LAUDERDALE FL		4	4 CITY-ST	r-ZIP						
TITLE			DELETE 5	.1 TITLE				☐ Change	☐ Addition		
NAME			5	2 NAME	1	,					
STREET ADDRESS			5	.3 STREET	ADDRESS			•			
CITY-ST-ZIP			5	.4 CITY-ST	r-zip		,				
TITLE			DELETE 6	.1 TITLE				☐ Change	☐ Addition		
NAME			6	.2 NAME			•		,		
STREET ADDRESS			6	.3 STREET	ADDRESS	• .		,			
CITY-ST-710	}			4 CITY-S		•					
14. I hereby	certify that the information supplied w	ith this filing does no	t qualify for the	exempti	on stated in	n Section 119.07(3)(i), Florida Statute	es. I further cer	tify that the	information		

indicated on this annual report or supplemental annual report is true and accurate and that my signature stail have the same legal effect as it made under oath, that I am a 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 one nattachment with an address, with all other like empowered.

Applied For

\$8:75 Additional

Fee Required

Not Applicable