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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N96000004631

1. Corporation Name

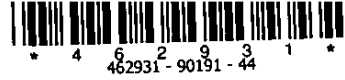
TYSON'S COMMUNITY DEVELOPMENT-INC.

Principal Place of Business

542-22ND ST WEST PALM BEACH FL 33404

Mailing Address

542-22ND ST WEST PALM BEACH FL 33404



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

09/03/1996

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

31-1486858

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

24 Zip

25 Country

29 Zip

30 Country

6. Election Campaign Financing

□

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TYSON, MALISSA N 3521 W 35TH STREET RIVIERA BEACH FL 33404

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD [] DELETE
NAME TYSON, MALISSA N
STREET ADDRESS 3521 W 35 ST
CITY-ST-ZIP RIVIERA BEACH FL 33404

1.1 TITLE [] Change [] Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP [] Change [] Addition

TITLE S [] DELETE
NAME BUJE, ALTAMEASE
STREET ADDRESS 225 SUPERIOR PL
CITY-ST-ZIP WEST PALM BEACH FL 33404

2.1 TITLE [] Change [] Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP [] Change [] Addition

TITLE T [] DELETE
NAME BUTLER, SANDRA
STREET ADDRESS 2026 PONCE DE LEON AVE
CITY-ST-ZIP WEST PALM BEACH FL 33407

3.1 TITLE [] Change [] Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP [] Change [] Addition

TITLE T [] DELETE
NAME GRAHAM, ATNEATAIES
STREET ADDRESS 536 1/2 22ND STREET
CITY-ST-ZIP W.P.B. FL 33407

4.1 TITLE [] Change [] Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP [] Change [] Addition

TITLE T [] DELETE
NAME DUVAL, SHERIDA
STREET ADDRESS 1337-10TH ST
CITY-ST-ZIP WEST PALM BEACH FL 33401

5.1 TITLE [] Change [] Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP [] Change [] Addition

TITLE T [] DELETE
NAME MORROW, CYNTHIA
STREET ADDRESS 1221 W 24TH STREET
CITY-ST-ZIP RIVIERA BEACH FL 33404

6.1 TITLE [] Change [] Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP [] Change [] Addition

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, with all other like empowered.

SIGNATURE: [Signature] SIGNATURE REQUIRED

4/24/99 (561) 8331380
Date Daytime Phone #

CR2E037 (11/98)