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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

I. Corporation				(5) SSOCIATION, IN	C.						
Principal Place	e of Business		M	lailing Address				-{	RIN IIDI ƏIDII U	FIRM DIDINERALI	OLDIS OLDIS IDDI
12 ARBORVUE TRAIL ORMOND BCH FL 32174				12 ARBORVUE TRAIL ORMOND BCH FL 321	74						
								3. Date Incorporated or Qualified 12/04/1979	3a. D	Date of Last F 03/22/19	
٠ .	lace of Busine	ss	-	. Mailing Address				4. FEI Number 59-2777037		⊢	pplied For lot Applicable
Suite, Apt.	# etc		26	Suite, Apt. #, etc.				1			Additional
2	#, C.C.		27	<u></u>				5. Certificate of Status Desired			Required
City & State			28	City & State				6. Election Campaign Financing Trust Fund Contribution S 5.00 May Be Added to Fees			
3		Country		Zip	_	untry		8. This corporation has liability for			199.032,
4		25 and Address of Cu	29	elered Agent	30			Florida Statutes 10. Name and Address of New	☐ Yes D		
	9, Name	and Address of Cu	irrent negn	stered Agent		B1	Name	IQ. Halling and Progress of the			
NORRI:	S IRIS					82	Street Addre	ess (P.O. Box Number is Not Accepta	able)		
norris, iris 511 Lakebridge Drive Ormond Beach Fl 32174								BSS (F.O. Box Number is Not Acceptable)			
						84	City		FI	85 Zip	Code
or registe familiar v	ered agent, or vith, and accep	both, in the State of t the obligations of,	Florida. Sud Section 617	ch change was authori 7.0503, Florida Statute	zed by the s.	corpor	ration s board	ation submits this statement for the p d of directors. I hereby accept the ap	urpose of di pointment a	hanging its re as registered	egistered office agent. I am
or registe familiar w SIGNATURE 112.	ered agent, or vith, and acception Signature, typeo o	both, in the State of of the obligations of, or printed name of registered OFFICERS	Florida. Sud Section 617	ch change was authorized to the change with the change was authorized to the change with the change was a change with the change with the change was a change with the change with the change was a change with the change with the change was a change with the change with the change was a change with the change was a change with the change was a change with the change with the change with the change with the change was a change with the change with the change with the change with	zed by the is.	d Agent s	ation & Doard	ation submits this statement for the p d of directors. I hereby accept the ap I when reinstating) ADDITIONS/CHANGES TO OF	urpose of clopointment a	as registered	agent. rum
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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.



1-30-96 677-8390 Dete Deytma Phone 1