

FILE NOW: FILING FEE IS \$61.25

FILED
May 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **747480** (2)
1. Corporation Name
PROJECT STOPPP, INC.



Principal Place of Business 322 NW 84 STREET MIAMI FL 33238-0152 US	Mailing Address P.O. BOX 380152 MIAMI FL 33238-0152 US
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3. Date Incorporated or Qualified 06/01/1979	3a. Date of Last Report 03/18/1996
4. FEI Number 59-1865184	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ORANGE, CLEOPHUS
951 NW 46TH ST
MIAMI FL 33127**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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	STD	☐ DELETE
NAME	JOHNSON, BERNICE	
STREET ADDRESS	485 NW 84TH LANE	
CITY - ST - ZIP	MIAMI, FL 00000	
TITLE	VD	☐ DELETE
NAME	SNOW, ROBERT	
STREET ADDRESS	8015 SW 198TH TERRACE	
CITY - ST - ZIP	MIAMI FL	
TITLE	D	☐ DELETE
NAME	HOOKS, JUANITA	
STREET ADDRESS	16914 NW 52 PL	
CITY - ST - ZIP	MIAMI, FL 00000	
TITLE	D	☐ DELETE
NAME	DAVIS, FREDDIE L.	
STREET ADDRESS	1369 NW 96TH STREET	
CITY - ST - ZIP	MIAMI, FL 00000	
TITLE	PDC	☐ DELETE
NAME	WALLACE, MAURICE	
STREET ADDRESS	9190 BISCAYNE BLVD SUITE 202	
CITY - ST - ZIP	MIAMI SHORES FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 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.

SIGNATURE: *Bernice Johnson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/97
Date

(305) 751-7061
Daytime Phone # 0033927

CR2E037 (9/96)