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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

N9600003915 (3)

DOCUMENT # N9600003915

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May 21 1997 8:00am
Secretary of State

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901 5TH STREET 901 5TH STREET WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401-4148					·					
	•						3. Date Incorporated or Qualifi 07/25/1996	ed 3a. D	ate of Las	ł Report
2. Principal Pla	ace of Business	2a.	Mailing Address	4 01.			4. FEI Number	, >-7		Applied For
21		26	401 5	1			HYVIE	10		Not Applicable
Suite, Apt. #	1 54 ST	27	Suite, Apt. #, etc.				5. Certificate of Status Desired	02		5 Additional Required
City & State			City & State	Rlin	12	201	6. Election Campaign Financin Trust Fund Contribution	<u>, </u>	\$5.0	O May Be
23 <i>(L/OS</i>	Country	20	Zip	Cal	untry	, (2	8. This corporation has liability	for intendible		·
# 334	01 25 P. Bea	20 29	33406	30 /-	B	2	Florida Statutes		□ No	i u. 100,000,
	9. Name and Address of C		ered Agent				10. Name and Address of Nev	Registered	Agent	·
					81	Name				
OWENS, BILL. 901 5TH STREET					82	Street Ad	ess (P.O. Box Number is Not Acceptable)			
WEST PA	ALM BEACH FL 33401				63					
	•				84	Oity	, <u>, , , , , , , , , , , , , , , , , , </u>	Fi	85 Z	ip Code
11. Pursuant h	o the provisions of Sections 61	7.0502 and 61	7.1508. Florida Sta	tutes, the a	bove-r	named co	progration submits this statement for		of changin	a its registered
	o ino provisiona oi opoliario o		7 . 10 DO, 1 1011 DW DIG		المنبط احما		ation's board of directors. I hereby a	ccept the ap	pointment	as registered
office or re	egistered agent, or both, in the	State of Florid	ia. Such change wa Section 617 0503	is authorize Elorida Sta	itutae	ne corpor	and to board or an octore . The object			
	egistered agent, or both, in the m familiar with, and accept the	obligations of,	ia. Such change wa Section 617.0503,	is autnorize Florida Sta	itutes.	ne corpor	rporation submits this statement for a ation's board of directors. I hereby a			
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SIGNATURE	Signature, typed or printed name of registe		fapplicable (N	OTE Registere	ed Agent		juired when reinstating) ADDITIONS/CHANGES TO C	DATE	D DIRECT	ORS IN 12
SIGNATURE	Signature, typed or printed name of registe	ered agent and title i	fapplicable (N	13.	d Agent		ADDITIONS/CHANGES TO C	DATE FFICERS AN	D DIRECT	ORS IN 12
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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

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

n Ellwans.

Dayline Prone # 0088216