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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT # N 28549

CON GREGATION

Beth David

## FILED Apr 02 1998 8:00am Secretary of State

Principal Place of Business Ma				
Principal Place of Business  2625 5. w. Third Ma	illing Address	25 S. W. Thing	0	
MIANI, FL 33179	17.	AUTI, EC	3. Date Incorporated or Qualified 7/2 4/1917	05/01/97
45	us	25 3.60. Thing AMI, EC 33179	4. FEI Number 59-8637812	Applied For Not Applicable
2. Principal Place of Business 2a.  1	Mailing Address  AA17	e 13 Above	5. Certificate of Status Desired	\$8.75 Additional Fee Required
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
City & State	City & State		7. Is this nonprofit corporation a homeowner	s association?
Zip Country 25 29	Zip	Country 30	This corporation owes or has paid the cur     Personal Property Tax due June 30.	rent year Intangible
9. Name and Address of Current Registe	ered Agent	1901	10. Name and Address of New Registered	
		81 Name	To. Trutto Bite Address of the Hogisteled	- Your
TRAUM SYDNEY S,				
9 11 21	note	82 Street Add	dress (P.O. Box Number is Not Acceptable)	
201 ALBAM WER CI		63		······································
TRAUM, SYDNEY S, 201 ALBAM BLA C, SUITE #1200 COLAL GABLES,	- 000			
COLAL GABLES,	FL 331.	<b>3 ✓ 84</b> City	FL	85 Zip Code
11. Pursuant to the provisions of Sections 617,0502 and 613	7 1508 Florida Statut	as the above named cor	poration cultimite this statement for the aurance of	changing its registerer
office or registered agent, or both, in the State of Florida agent. I am familiar with, and accept the obligations of,	a. Such change was a	authorized by the corpora	ation's board of directors. I hereby accept the appoint	pintment as registered
_	36CROTI 617.0003, FR	onda Statutes.		
SIGNATURE Signature typed or printed earns of registered agent and title if:	applicable (NOT	E: Registered Agent signature requ	lired when reinstating) DATE	
OFFICERS AND DIRECT	TORS	13.		DIDECTORS IN 18
h.a.		101	ADDITIONS/CHANGES TO OFFICERS AND	UIRECTORS IN 12
·····	☐ DELETE	44707.5	ADDITIONS/CHANGES TO OFFICERS AND	
	☐ DELETE	44707.5	, <u> </u>	
IAME EDWARD 5. SAChs	☐ DELETE	44707.5	DWARU S SACKSHS, 1404 S.W. 116 th S.	☐ Change ☐ Addition
NAME EDWARD 5 SACKS STREET ADDRESS CITY-S1-ZIP	☐ DÉLETE	44707.5		☐ Change ☐ Additio
NAME EDWARD 5: SACKS CITY-S1-ZIP	☐ DELETE	1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE	10 DWARD S SACKSH SI 1404 S.W. 116 H SI MIMMI, FC 33176	Change Addition
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NAME EDWARD 5: SACKS STREET ADDRESS CITY-S1-ZIP UILLE V. D LIONEL GEL FAND LIONEL		1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE	FOWARD S SACKSTH SI 17404 S.W. 116 TH SI 17404 S.W. 116 TH SI 1600 GEL FAND 6010 GRANADA BLW	Change Addition
NAME EDWARD 5. SACKS STY-S1-ZIP  UITLE V. D  LAME LOWEL GELFAND  STREET ADDRESS		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	FOWARD S SACKSTH SI 17404 S.W. 116 TH SI 17404 S.W. 116 TH SI 1600 GEL FAND 6010 GRANADA BLW	Change Addition
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NAME EDWARD 5: SACKS  CITY-SI-ZIP  TITLE  V. D  L. ONE C  CECFAND  STREET ADDRESS  CITY-SI-ZIP  TITLE  V. D  MARTIN HE ASH BE IN  STREET ADDRESS  CITY-SI-ZIP  TITLE  MARTIN HE ASH BE IN  TITLE  WINE  WHE  WHE  WHE  WHE  WHE  WHE  WHE  W	DELETE  DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP	DWARD S SACKSTH SI 1404 S.W. 116 th SI 1404 S.W. 116 th SI 140 NEL GEL FAND 6010 GRANADA BLU COLAL GABLOS FL VID MARTIN HERSH ber 9300 S.W. 10448	Change Addition Change Addition Change Addition Change Addition
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