## FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

ANNUAL REPORT Secretary of State					Secretary of State		
1998 DIVISION OF CORPORATIONS							
DOCUMENT # 747480 (2)							
PROJECT STOPPP, INC.							
Principal Place of Business Mailing Address							- T TABAH SEBUI BIBUL LIBAK BILBAH KETIT BERIK BIBAK BIBUL BIBUL BIBUT BIBUL B
322 NW 84 STREET P.O. BOX 380152							
MIAMI FL 33238-0152			MIAMI FL 33238-0152				3. Date Incorporated or Qualified
US		US	US				4. FEI Number Applied For
							<b>59-1965184</b> Not Applicable
	face of Business		2e. Mailing Address				5. Certificate of Status Desired \$8.75 Additional
Suite, Apt.	<u>NW 72 LA</u> *, etc.	Sult	Sulte, Apt. #, etc.				Fee Required  6. Election Campaign Financing \$5.00 May Be
22		27	}				Trust Fund Contribution
City & Stal	0	— — ·	City & State				7. Is this nonprofit corporation a homeowners association?
Zip	Country		Zip Country				Yes No
24	25 29 30				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No		
		se of Current Registered	I Agent		_		10. Name and Address of New Registered Agent
				Ì	81	Name	
	E, CLEOPHUS			1	82 Street Address (P.O. Box Number is Not Acceptable)		
951 NW 46TH ST MIAMI FL 33127					83		
MINMI FL 33127							To 17: 0.4
				İ	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.							
agent.   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 whe						ulred when reinstating) DATE	
12.	OF	FICERS AND DIRECTOR	RS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	STD	^-	DELETE	1.\$ TIT	-		Change Addition
NAME CIDEET ADORECE	JOHNSON, BERNIC 485 NW 84TH LAN		1.2				
STREET ADDRESS CITY-ST-ZIP	MIAMI, FL 00000	IC.				ADORESS T-ZIP	
TITLE	VD VD		DELETE	2.1 111		1-64	☐ Change ☐ Addition
NAME (	( 2,1001, 1,000,			2.2 NA	ME		
STREET ADDRESS	3373 377 377 3 3 3 3 3 3 3 3 3 3 3 3 3					ADDRESS	
CITY-ST-ZIP				2.4 CF 3.1 TH		ST-ZIP	Change Addition
NAME	HOOKS, JUANITA		F) MILL	3.1 III 3.2 NA			Communication Co
STREET ADDRESS	16914 NW 52 PL			1		ADDRESS	
CITY-ST-ZIP	ZIP MIAMI, FL 00000				3.4. CITY - ST - ZIP		
TITLE	<del>-</del>			4.1 TITLE		Change Addition	
NAME				4. 2 NAME			
STREET ADDRESS 1369 NW 96TH STREET CITY-ST-ZIP MIAMI, FL 00000				4.3 STREET ADDRESS 4.4 CITY-ST-ZIP			
TITLE	PDC		☐ DELETE	5.1 Trr		I-ZIP	☐ Change ☐ Addition
l interese accompan			5.2 NA	WE			
STREET ADDRESS 9190 BISCAYNE BLVD SUITE 202 53				5.3 ST	REET	ADDRESS	
CITY-ST-ZW	MIAMI SHORES FL			5.4 CII		T-ZIP	
TITLE			DELETE	6.1 TIT			Change Addition
NAME STREET ADDRESS				6.2 NA		********	
SHEET ADDRESS				6.3 511	MEE!	ADDRESS	

CITY-ST-ZIP

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 deprovation 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 granged, or on an attachment with an address.

**FILED** 

Apr 28 1998 8:00am