FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT #

N93000001350 (8)

•	HEAST FLORIDA DATABAS	SE DEVELOPERS GROU	JP, INC			
6925 SW 65 AVE SOUTH MIAMI FL 33143 US		6925 SW 65 AVE SOUTH MIAMI FL 33143 US		3. Date Incorporated or Qualified 03/22/1993 4. FEI Number Applied For		
3 63-44-10	Na Tark Davis	2a. Mailing Address		65-0431761	Not Applicable	
21	Place of Business	——————————————————————————————————————		Let Celtingate di Status Dosinga 🔲 📑	B.75 Additional	
Suite, Apt. #, etc.		Suite, Apt #, etc.			Fee Required	
22		27		tun' i	5.00 May Be added to Fees	
City & State		City & State		7. Is this nonprofit corporation a homeowners association?		
23		28		Yes No		
Zip	Country	Zip	Country	8. This corporation owes or has paid the current	year Intangible	
24	25	29	30	Personal Property Tax due June 30. Ye	s 🗌 No	
	9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New Registered Agen	nt	
			81 Name			
Puglise, James D			82 Street Ad	Address (P.O. Box Number is Not Acceptable)		
17505 SOUTHWEST 87TH AVENUE						
miami f	L 33 157		83			
			84 City	— 85	Zip Code	
				rporation submits this statement for the purpose of cha]	
office or agent. I a	registered agent, or both, in the Sta am familiar with, and accept the obt	ite of Florida. Such change was igations of, Section 617.0503, F	authorized by the corpor- lorida Statutes.	ation's board of directors. I hereby accept the appointn	nent as registored	
12.	Signature, typed or printed name of registered a	agest and title it applicable (NC ND DIRECTORS	III.: Registered Agent signature req	ADDITIONS/CHANGES TO OFFICERS AND DIR	FOTORS IN 12	
TITLE	PD	DELETE	11 THLE	<u></u>	Change Addition	
NAME	ROSS TERMAN		1.2 NAME			
STREET ADDRESS	5601 COLLINS AVE		1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI BCH FL		1.4 CITY - ST- ZIP			
TITLE	VPD	DELETE	2.1 TITLE		Change Addition	
NAME	JAMES PUGLISE		2.2 NAME			
STREET ADDRESS	17505 SW 87TH AVE		2.3 STREET ADDRESS			
CITY-ST-ZIP	MMIAMI FL		2 4 City-ST-ZiP			
TITLE	TD	DELETE	3.1 TITLE		Change Addition	
NAME	VICAR HERNANDEZ		3.2 NAME			
STREET ADDRESS	6925 SW 65 AVE		3.3 STREE1 ADDRESS			
CITY-ST-ZIP	S.MIAMI FL		3.4. CITY - ST- ZIP			
TITLE	8	☐ DELETE	4.1 TITLE		Change Addition	
NAME	WILLY ESTEBAN		4. 2 NAME			
STREET ADDRESS	3900 NW 79 AVE 532		4 3 STREET ADDRESS		,	
CITY-ST-ZIP	MIAMI FL 33166		4.4 CITY - ST - ZIP			
TITLE		DELETE	5.1 TITLE	// P	Charge Addition	
NAME			5.2 NAME	C/1.	$\prime\prime$ \supset \sim	
STREET ADDRESS			5.3 STREET ADDRESS	<i>///</i> //	/] [/	
CITY-ST-ZIP			5.4 CITY - ST - ZIP	10 1/		
TITLE		DELETE	6.1 TITLE	500002507629 -05/01/9801044055	Shange	
NAME			6.2 NAME	-05/01/9801044055		
STREET ADDRESS			6.3 STREET ADDRESS	***61.25		

14. Thereby 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 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 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 supplied with that I am an officer or director of the corpyration or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.

SIGNATURE:

VICAR HERNANDER

4/22/97

305-667-0253

FILED

Apr 30 1998 8:00am

Secretary of State