## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

## Candra D Marthau

	JAL REPORT 1998	7.7	cretary of State OF CORPORATIONS			Secretary of State		
DOCUI 1. Corporation	MENT # 70934	<b>45</b> (3)						
PARK I	HILLS CONDOMINIUM, IN	IC.						
Principal Place of Business Mailing Address				F TODAILS SOUTH SOUTH DISTRIBUTION OF DELL BANK			r maner memer min	iri Giffil igal
524 SOUTH LUI HOLLYWOOD FI		524 SOUTH LUNA COURT HOLLYWOOD FL 33021	*			3. Date incorporated or Qualified 07/21/1965		
						4. FEI Number 59-2372007		plied For t Applicable
2. Principal P	ace of Business	2a. Mailing Address 26				6. Certificate of Status Desired	\$8.75 A	Additional
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				6. Election Campaign Financing	\$5.00 N	
City & State		City & State	27 City & State			Trust Fund Contribution	Added to	
23		28	h			7. Is this nonprofit corporation a homeowners association?		
Zip	Country	Country			8. This corporation owes or has paid the current year Intangible			
24	25 29 30			Personal Properly Tax due June 30. Yes No			No	
9. Name and Address of Current Registered Agent					Name	10. Name and Address of New Registered	1gent	· · · · · · · · · · · · · · · · · · ·
KRAVATZ, MICHAEL CPA 4747 HOLLYWOOD BLVD. #104						ess (P.O. Box Number is Not Acceptable)		
HOLLYWOOD FL 33021				83				
				84	City		<b>85</b> Zip (	Code
						<u>FL</u>		
office or re	io <b>the</b> provisions of Sections 617.0 eg <b>iste</b> red agent, or both, in the St m <b>(am</b> iliar with, and accept the ob	ate of Florida. Such change was a	authorized	by t	named cor he corpora	rporation submits this statement for the purpose of ation's board of directors. I hereby accept the app	changing its sintment as	s registered registered
SIGNATURE _	Signature, typed or printed name of registered	and and title if applicable (MOTE	E. Ognietorod	Anont	t pignatura roqu	uired when reinsteting) DATE		
12,	_ <del></del>	AND DIRECTORS	13.	Agent	signatura redoi	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOR	S IN 12
TITLE	PD DELETE		1.1 TITL	1.1 TITLE			Change	Addition
NAME	ANTH, RAY		1.2 NAN	1.2 NAME				ľ
STREET ADDRESS	524 S LUNA CT		1.3 STREET ADDRESS		DDRESS			
CITY-ST-ZIP	HOLLYWOOD, FL 00000			1.4 City-St-ZiP				
TITLE	VD DELETE			2.1 TITLE			Change	☐ Addition
NAME	PLOURDE, LEO		2.2 NAME					
STREET ADDRESS	524 S LUNA CT HOLLYWOOD, FL 00000		2.3 STREET ADDRESS 2. 4 City-St-Zip		1			
CITY-ST-ZIP TITLE	ח	D DELETE		.E	-ZIF		Change	Addition
NAME	ANTH, WILLIAM			3.2 NAME				
STREET ADDRESS	524 S LUNA CT		3.3 STR		DDRESS			}
CITY-ST-ZIP	HOLLYWOOD, FL 000000		3.4. CIT	3.4. CITY-ST-ZIP				İ
TITLE	ST DELETE		4.1 TITE	4.1 TITLE			Change	Addition
NAME	BAY, GEORGIA H.			4. 2 NAME				
STREET ADDRESS	524 S LUNA CT		4.3 STR	eet ai	DDRESS			
CITY-ST-ZIP	HOLLYWOOD, FL 00000			4.4 CITY-ST-ZIP				1,4,491
TITLE		☐ DÉLETE	5.1 TITL		1		Change	Addition
NAME OTDEET ADDDECC			5.2 NAM		nnacee			
STREET ADDRESS			5.3 STRI		I			
CITY-ST-ZIP TITLE		DELETE	5.4 CITY 6.1 TITL		<u> </u>		Change	Addition
NAME			6.2 NAN					
STREET ADDRESS			6.3 STR		DORESS			į

6.4 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 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.

**FILED** 

Jul 09 1998 8:00am