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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 13 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

ILNISKY, WILLIAM 854 CONNISTON WEST PALM BEA 11. Pursuant to the pro office or registered agent. I am familiar SIGNATURE 12. IITLE PD NAME ILNISI STREET ADDRESS 2840 W PA TITLE D NAME LEWIS STREET ADDRESS 7347 CITY-ST-ZIP W. PA	Country 25 me and Address of Curr I ROAD ACH FL	2e. Mailing / 26 Suite, Ap 27 City & Si 28 Zip 29 rent Registered Ag	BEACH FL 33 Address pt. #, etc. tate	Country 30 81 82 83 84 es. the above	Name Street Addr	3. Date Incorporated or Qualified 04/03/1962 4. FEI Number 59-0917270 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 8. This corporation has liability for In Florida Statutes	\$8.75 Fee F \$5.00 Added ntangible tax under I Yes No	pplied For lot Applicable Additional lequired May Be I to Fees
2. Principal Place of Bu 21) Suite, Apt. #, etc. 22) City & State 23) Zip 24) 9. Nat ILNISKY, WILLIAM 854 CONNISTON WEST PALM BEA 11. Pursuant to the pro- office or registered agent. I am familial SIGNATURE 12. IITLE PD NAME ILNISI STREET ADDRESS 2840 CITY-S1-ZIP W PA TITLE D NAME LEWIS SIREET ADDRESS 7347 CITY-ST-ZIP W. PA	Country 25 me and Address of Curr I ROAD ACH FL	28. Mailing A 26 Suite, Ap 27 City & Si 28 Zip 29 rent Registered Age	Address ot. #, etc. tate ent	Country 30 81 82 83 84	Street Addr	O4/03/1962 4. FEI Number 59-0917270 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 8. This corporation has liability for ir Florida Statutes 10. Name and Address of New Rec	\$8.75 \$8.75 Fee F Added htangible tax under in Yes No	pplied For lot Applicable Additional lequired May Be I to Fees
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SIGNATURE 12. IIILE PD ILNISI STREET ADDRESS W PA TITLE D NAME LEWIS STREET ADDRESS 7347 CITY-ST-ZIP W. PA	with, and accept the ob.		change was a	authorized by t	-named corp the corporati	poration submits this statement for the pi tion's board of directors. I hereby accep-	urpose of changing I the appointment a	its registered s registered
TITLE PD ILNISI STREET ADDRESS 2840 W PA TITLE D NAME LEWIS STREET ADDRESS 7347 CITY-ST-ZIP W. PA		ilgations or, section	017.0003, FI	unua siaiules.				
TITLE PD ILNISI STREET ADDRESS W PA TITLE D LEWIS STREET ADDRESS 7347 CITY-ST-ZIP W. PA TITLE SD	ped or printed name of registered		. (NOT		t eignature requir	red when reinstating)	DATE	
NAME ILNISI STREET ADDRESS 2840 W PA TITLE D NAME LEWIS STREET ADDRESS 7347 CITY-ST-ZIP W. PA	OFFICERS A	AND DIRECTORS	DELETE	13.	······	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTO	RS IN 12
STREET ADDRESS 2840 CITY-ST-ZIP W PA TITLE D NAME LEWIS STREET ADDRESS 7347 CITY-ST-ZIP W. PA	KY, WILLIAM	L	"I DETELE	1.1 TITLE 1.2 NAME	1		Fil custing	L_J Addition
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CITY-ST-ZIP W. PA	s, Phil			2.2 NAME	-			
TITLE SD	OVERLOOK DR			2.3 STREET A	address			
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NAME I MODE		Ĺ	DELETE	3.1 TITLE)		Change	Addition
	ELAND, JEANNIE			3.2 NAME				
	BOBWHITE RD.			3.3 STREET A	1	· .		
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CITY-ST-ZiP			loss not ousli	64 CITY-ST-	ontion states	d in Section 119.07(3)(i), Florida Statutes t my signature shall have the same legal rt as required by Chapter 617, Florida St	1 further certify the	t the