FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

(3)

ORDER OF AHEPA, FORT LAUDERDALE CHAPTER NO. 394,

FILED Mar 03 1998 8:00am Secretary of State

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IIIO:											
Principal Place	e of Business		Ma	ailing Address				- I TOBALA MODEL DOBIL OLOGY DIVID DODA VETI DIBLI VETI DIBLI VETI DIBLI		(E))	
815 N E 15TH AVENUE 815 N E 15TH AVENUE FT. LAUDERDALE FL 33304 FT. LAUDERDALE FL 33304					3. Date Incorporated or Qualified 10/01/1962						
								4. FEI Number	Ar	optied For	
	··	· · · · · · · · · · · · · · · · · · ·						59-0121275	No	ot Applicable	
2. Principal P	lace of Busine	88	<u> </u>	Mailing Address				5. Certificate of Status Desired		Additional	
21 26								Fee Re	equired		
Suite, Apt. #, etc.			27					6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
City & State			City & State				7. Is this nonprofit corporation a homeowners association?				
			28					☐ Yes ☐ No			
Zip	hanny ' hanny ' hanny				8. This corporation owes or has paid the current year Intangible						
24	25 29 30 9. Name and Address of Current Registered Agent					Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent					
	3. 1101110 B	THE RESIDES OF CHITE	in riogia	ISISO NYSIII		81	Name	10. Hallo and Address of Hew Hegisteled A	your.		
040047	T 11400V 0					or rearing					
CARRATT, HARRY G. 2601 E OAKLAND PK BLVD STE 500				82	Street Addr	ress (P.O. Box Number is Not Acceptable)					
FT. LAUI	derdale fl	. 33306				83					
						64	City	FL	85 Zip	Code	
11. Pursuant l	to the provisio	ns of Sections 617 05	02 and 6	17 1508 Florida Statu	ites the a	20)/6	a-named corn		handina i	ts registered	
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.											
SIGNATURE											
12.	Signature, typed or	printed name of registered ac OFFICERS AN			TE: Registere	d Age	nt signature require	ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOR	26 IN 10	
TITLE	D	OFFICENS AI	NO DINEC	DELETE	1.1 Ti	TLE			Change	Addition	
NAME	_	, HARRY G.			1.2 N			•			
STREET ADDRESS)AKLAND PK. BLVD	١				ADDRESS				
CITY-ST-ZIP		ERDALE FL	•								
TITLE PLYS	D	LIIDALLIL		DELETE	2.1 TI		T-ZIP		Change	Addition	
NAME TEES	_	S, MICHAEL			22 N			•	Criterigo	7,000,00	
STREET ADDRESS	708 SE 2						ADDRESS	.•		1	
CITY-ST-ZIP		D BEACH FL					ST-ZIP	***			
TITLE WPRE	D	O DENOTITE		☐ DELETE	3.1 Ti		51-2IF		Change	Addition	
NAME		AS, JAMES			3.2 N			•			
STREET ADDRESS		12TH COURT					ADDRESS]	
CITY-ST-ZIP		ERDALE FL					ST-ZIP			i	
TITLE				DELETE	4,1 11		71-211		Change	☐ Addition	
NAME					4, 2 N	AME					
STREET ADDRESS							ADDRESS				
CITY-ST-ZIP							T-ZIP				
TITLE				☐ DELETE	5.1 TI				Change	☐ Addition	
NAME				-	5.2 N/				_ •		
STREET ADDRESS							ADDRESS				
City-St-ZIP					5.4 CI						
TITLE	<u> </u>	***		DELETÉ	6.1 Tr				Change	☐ Addition	
NAME				•	6.2 N			·	•	- '	
STREET ADDRESS							ADDRESS			l	
CITY-ST-ZIP					6.4 CI					ļ	

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 address.

SIGNATURE: