FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 704936

(4)

FILED							
Apr	10	1997	8:00am				
Secretary of State							

271.0		Mailing Address 2330 NE 36 STREET LIGHTHOUSE PT FL 33064-7	581		
				3. Date Incorporated or Qualified 12/14/1962	3a. Date of Last Report 03/20/1996
2. Principal i	Place of Business	2a. Mailing Address		4. FEI Number 65-0261247	Applied For X Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Sta	le ·	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip	Country	B. This corporation has liability for i	
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Re	gistered Agent
ZAPPON	NE, JOSEPH M.		81 Name	ARTIN DORIS	Ioi
2330 N.E. 96TH ST. #7 LIGHTHOUSE PT FL 33064			(02)	ess (P.O. Box Number is Not Acceptab ONE, 3 CT/1	· · · - · · · · - · · · · · · ·
	:		B4 City	HTHOUSE POIN	1T 33064 85 Zip Code
11, Pursuant office or agent, i a	to the provisions of Sections 617.0502 registered agent, or both, in the State can familiar with, and accept the obligat	and 617, 1508, Florida Statutes if Florida. Such change was au ions of, Section 617,0503, Flori	the above-named corporation the corporation der Statutes.	oration submits this statement for the pon's board of directors. I hereby accep	urpose of changing its registered appointment as registered
SIGNATURE	plonature, typed or printed name of registered agent		Rogistered Agent signature require		DATE
12,	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	PD COCOUL	☐ DELETE	1.1 TITLE		Change Addition
NAME	ZAPPONE, JOSEPH M. 2330 N.E. 36TH STREET, #7		1.2 NAME		
STREET ADDRESS	UGHTHOUSE PT, FL 00000		1.3 STREET ADDRESS		
TITLE		□ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
NAME	DIMARTINI DORI	S	2.2 NAME		C cuange C Addition
STREET ADDRESS	2330 NE 36TH STREET #12		2.3 STREET ADDRESS		
CITY-ST-ZIP	LIGHTHOUSE PT. FL 00000		2.4 CITY-ST-ZIP		
TITLE	TD	DELETE	3.1 1ITLE		Change Addition
NAME	OLSON, ALBINA		3 2 NAME		
STREET ADDRESS	2330 NE 36TH ST		3.3 STREET ADDRESS		I
OTY-ST-ZIP	LIGHTHOUSE PT. FL 00000		3.4. CITY-ST-ZIP		
TITLE		LLEAL DELETE	4.1 TITLE		Change Addition
			4.2 NAME		
STREET ADDRESS	2330 NE 36 ST		4.3 STREET ADDRESS		
OITY-ST-ZIP	LIGHTHOUSE PT, FL 00000		4.4 CITY-ST-ZIP		
TITLE	VP	DELETE	5.1 TITLE		Change Addition
NAME	LEMERISE, GARY A		5.2 NAME		
STREET ADDRESS	2330 NE 36 ST #8		5.3 STREET ADDRESS		
CITY-ST-ZIP	LIGHTHOUSE PT, FL 00000		5.4 CITY-SY-ZIP		
TITLE		☐ DELETE	61 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREFT ADDRESS		

6.4 CITY-ST-ZIP

14. I do 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.