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NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 704990

(1)

HOBE SOUND FIRST AID SQUAD, INC.

FILED Jan 30 1998 8:00am Secretary of State

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Suite, Apt. 8, etc. Suite, Apt. 8, etc.	Principal Place of Business Mailing Address												
P O BOX 213 HORE SOUND FLORIDA 39475 HORE SOUND FLORIDA 39475 HORE SOUND FLORIDA 39475 APPLICATION FLORIDA 39475 HORE SOUND FLORIDA 39475 ABOUT FL	9000 ATHENA			9000 ATHENA					3. Date incorporated or Qualified				
## FEI Number A_FEI Number Sp614g111	P O BOX 213			P O BOX 213									
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Suite, Apt. #, etc.	2. Principal Place of Business 2a. Mailing Address								_	\$		- ' '	
27	21		26	26					5. Certificate of Status Desired				
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22 25			27	, r ;									
Zip Country Zip Country Sip Country B. This copporation owes on has paid the current year intendible Personal Property Tax due June Sip No.				⊢ , ′									
Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Name TAPLIN, NORMAN E. ESO 515 NORTH FLAGLER DRIVE SUITE 1600 C/O STEPHENS, LYNN/KLEIN 8 MCNICHOLAS PA WEST PALM BEACH FL. 33401 11. Pursuant to the provisions of Sections 617/5502 and 617/1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered diffice or registered digent, 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 diffice or registered digent, 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 diffice or registered digent, 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 diffice or registered digent, 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 diffice or registered digent, 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 diffice 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, and the such change is registered. SIGNATURE TO PROPERS AND DIRECTORS IN 12. I have a property of the appointment as registered agent, and the refusited by the corporation's board of directors. I hereby accept the appointment as registered agent, and the refusited by the corporation's board of directors. I hereby accept the appointment as registered agent, and the refusited by the corporation's board of directors. I hereby accept the appointment as registered agent, and the refusited by the corporation's board of di		Country		Zip	Co	untry						tangible	
TAPLIN, NORMAN E. ESQ 515 NORTH FLAGLER DRIVE SUITE 1600 C/O STEPHENS, LYNN,KLEIN & MCNICHOLAS PA WEST PALM BEACH FL 33401 11. Pursuant to the provisions of Sections 617 1600 and 617 1609, Perioda Statutes, the above-hamed corporation's board of directors. I hereby accept the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617 0503, Floridas Statutes. SIGNATURE Signature of provisions of private deems of inglosued agent and the familiar with, and accept the obligations of, Section 617 0503, Floridas Statutes. SIGNATURE Signature of private deems of inglosued agent and the familiar with, and accept the obligations of, Section 617 0503, Floridas Statutes. SIGNATURE Signature of private deems of inglosued agent and the familiar with, and accept the obligations of, Section 617 0503, Floridas Statutes. SIGNATURE Signature of private deems of inglosued agent and the familiar with, and accept the obligations of, Section 617 0503, Floridas Statutes. SIGNATURE Signature of private deems of inglosued agent and the familiar with and accept the obligations of, Section 617 0503, Floridas Statutes. SIGNATURE Signature of private deems of inglosued agent and the familiar agent agent and the familiar agent agent agent and the familiar agent age	24	25	29	·	30	•							
TAPLIN, NORMAN E. ESQ 515 NORTH FLAGLER DRIVE SUITE 1600 C/O STEPHENS, LYNN,KLEIN & MCNICHOLAS PA WEST PALM BEACH FL 33401 17. 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 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 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 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 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 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 office or registered agent, or board of directors. I hereby accept the appointment as registered office or registered agent, or board of directors. I hereby accept the appointment as registered office or registered agent, or board of directors. I hereby accept the appointment as registered office or registered adentification. ITILE VPT UNIT. VPT UNIT. VPT UNIT. VPT UNIT. VPT UNIT. UNIT.		9. Name and Address of Curre	nt Regist	ered Agent	1,1	1				ed Agen	t	-	
515 NORTH FLAGLER DRIVE SUITE 1600 C/O STEPHENS, LYNN,KLEIN 8 MCNICHOLAS PA WEST PALM BEACH FL 33401 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 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, 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, 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, or both, in the State of Florida. Statutes and the such change was authorized by the corporation's board of directors. I hereby accept the appointment as 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, or both, in the State of Florida. Statutes and the such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Statutes and the such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both in the State of Florida. Statutes and the such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both in the State of Florida. Statutes and the such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both in the state of Park						81	Name)					
S15 NORTH FLAGLER DRIVE SUITE 1600 C/O STEPHENS, LYNN,KLEIN & MCNICHOLAS PA WEST PALM BEACH FL 33401 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 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, 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, or both, in the State of Florida. Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Statutes and the state of Florida. Statutes and the state of Florida. Statutes and the state agent and the appointment as registered agent, or both, in the State of Florida. Statutes and the state of Florida. State	TAPLIN,	NORMAN E. ESQ				82	Street	Addres	es (P.O. Box Number is Not Acceptable)				
WEST PALM BEACH FL 33401 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 agent, or both, in the State of Forida, Such change was authorized by the corporation's board of directors, I hereby accept the appointment as registered agent, or both, in the State of Forida, Such change was authorized by the corporation's board of directors, I hereby accept the appointment as registered agent, or both, in the State of Forida, Such change was authorized by the corporation's board of directors, I hereby accept the appointment as registered agent, or both, in the State of Forida, Statutes, poet or pristed remie of registered agent, or both, in the State of Forida, Statutes, the above-named corporation's board of directors, I hereby accept the appointment as registered agent, or both, in the State of Forida, Statutes of Porida Statutes, the above-named corporation's board of directors, I hereby accept the appointment as registered agent, or both, in the State of Forida, Statutes of Porida Statutes, the above-named corporation's board of directors, I hereby accept the appointment as registered agent, or both and accept the obligation of State of Porida Statutes of Porid	515 NOF	RTH FLAGLER DRIVE SUITE 160	00		Street /			. , , , , , , , , , , , , , , , , , , ,					
11. Pursuant to the provisions of Sections 617.0502 and 617.1503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registred 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 signature. Upped or printed name of registrone agent and life it applicable. 12	C/O STE	PHENS, LYNN,KLEIN & MCNIC	HOLAS F	PA		83							
11. Pursuant to the provisions of Sections \$17,0502 and \$17,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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, or an advanced the obligations of, Section \$17,0503, Florida Statutes. SIGNATURE	WEST PA	ALM BEACH FL 33401				84	Citv			85	Zip	Code	
SIGNATURE Signature, typed or privated names of registored agent and life if applicable. (NOTE: Registered Apport signature required when retreatisting) DATE							•			` L.	1 '		
SIGNATURE Signature, typed or privated names of registored agent and life if applicable. (NOTE: Registered Apport signature required when retreatisting) DATE	Pursuant t	to the provisions of Sections 617.05 ealstered agent, or both, in the State	02 and 61 e of Florida	7.1508, Florida Stati a. Such chance was	utes, the a	above	⊢named the cor	d corpor	ration submits this statement for the purpos	e of char	iging it ent as	s registered	
Signature, hyper or printed memor of registance agent and title if applicabiles. NoTE: Registance Agent signature required when refracting) DATE	agent, I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.												
12.	SIGNATURE _												
TITLE						d Age	nt signatur	e required			CTOR	S INI 12	
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STREET ADDRESS	TITLE	D		DELETE							hange	☐ Addition	
CITY-ST-ZIP	NAME	MAEHLENBROCK, DONALD			2.2 N	AME						ĺ	
TITLE	STREET ADDRESS	7167 SE CONTINENTAL DRIV	Æ		2.3 5	TREET	ADDRESS						
MAME MILLER, LEE	CITY-ST-ZIP	HOBE SOUND FL			2,40	CITY-S	T-ZIP						
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CITY-ST-ZIP HOBE SOUND FL 6.4 CITY-ST-ZIP	- 1												
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			uith thin fill	ing doce not gualify				ad in Sa	ection 119 07(2)(i) Florida Statutos 15 the	cortifi. 41	at the	information	

4. Interest certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(), Florida Statutes. Truther 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 trusted 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.

SIGNATURE:

IGNESS ESE RESIDEN

1/22/98 561983-3602

CR2E037 (10/97