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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

SIGNATURE: _

DOCUMENT # 706737 (4) 426 ASSOCIATION, INC.					
Principal Place 23123 STATI 350 A BOCA RATO	E RD. 7	Mailing Address P.S. BOX 2510 BOCA NATON FL 33427	R.M.C. P.O. Box 97-00 Boca Raton, FL 334		
			, =	3. Date Incorporated or Qualified 01/22/1961	3a. Date of Last Report 05/01/1995
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number 59-1155230	Applied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			Not Applicable \$8.75 Additional
2		27		5. Certificate of Status Desired	Fee Required
City & State	0	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip	Country	Zip	Country	This corporation has liability for in	tanoible tax under s. 199 032
	25		30	Florida Statutes	Yes □ No
	9. Name and Address of Currer	nt Registered Agent	81 Name	10. Name and Address of New Re	gistered Agent
GAI	RY <i>PALOMBI</i> Ential management concept	re			
	ATE RD. 7 #350 Å	3		dress (P.O. Box Number is Not Acceptable 3 State Road 7 #3	9 350 A
	RATON FL 33428		63		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
555			84 City		85 Zip Code
					FL
 Pursuant to or register 	to the provisions of Sections 617.01.02 red agent, or both, in the State of Florid	2 and 617.1508, Florida Statutes	the above named corpo	oration submits this statement for the purp	ose of changing its registered offic
			1 by the corporation's boa	ard of directors. I hereby accept the appoi	
familiar wi	ith, and accept the obligations. Sect	tion 617.0503, Florida Statutes.	by the corporation's boa	ard of directors. I hereby accept the appoi	
		Ga	ry Palombi		04-10-96
GNATURE	Signature, typed or profed name of respected agent	Ga		ed when runstaling)	04-10-96 DATE
IGNATURE .	Signature, typed or profed name of respected agent	Ga NOTE	ry Palombi Registered Agent signature require		04-10-96 DATE
IGNATURE . 2. TLE	Signature, type of or partial name of confidence and OFRICERS AN P DAVID, K.M.	Ga The Hardise (Note D DIRECTORS	ry Palombi Registered Agent signature require 13.	ed when runstaling)	04-10-96 DATE DERS AND DIRECTORS IN 12
IGNATURE . 2. TLE	Signature, type of or partial name of confidence again OFRICERS AN	Ga The Hardise (Note D DIRECTORS	Palombi Registered Agent signature require 13. 1.1 TITLE	ed when runstaling)	04-10-96 DATE DERS AND DIRECTORS IN 12
IGNATURE . 2. TLE AME TREET ADDRESS TY-ST-ZIP	Signature, lyttled or partied name of control agent OFRICERS AN P DAVID, K.M. 426 N.E. 7TH AVE. DELRAY BEACH FL	Ga NOTE DIRECTORS DELETE	Palombi Registered Agent signature require 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ed when runstaling)	04 - 10 - 96 DATE DERIS AND DIFFECTORS IN 12 ☐ Change ☐ Addition
IGNATURE 2. TLE AME IREET ADDRESS HY-ST-ZIP TLE	Signature, lytted or parted name of our privat agent. OFRICERS AN P DAVID, K.M. 426 N.E. 7TH AVE. DELRAY BEACH FL SD	Ga The Hardise (Note D DIRECTORS	Palombi Fingistered Agent signature require 13. 1.1 TITLE 12 NAME 1.3 STREEL ADDRESS 1.4 CITY-ST-ZIP 2 TITLE	ed when runstaling)	04-10-96 DATE DERS AND DIRECTORS IN 12
IGNATURE 2. TLE AME IREET ADDRESS NY - ST - ZIP TLE AME	Signature, lythed or parted name of payment agent OFRICERS AN P DAVID, K.M. 426 N.E. 7TH AVE. DELRAY BEACH FL SD KEARNS, MARGARET	Ga NOTE DIRECTORS DELETE	Palombi Hagistered Agent signature require 13. 1.1 TITLE 12 NAME 1.3 STREEL ADDRESS 1.4 CITY-ST-ZIP 21 TITLE 22 NAME	ed when runstaling)	04 - 10 - 96 DATE DERIS AND DIFFECTORS IN 12 ☐ Change ☐ Addition
IGNATURE 2. ILE AME IREET ADDRESS 1Y-ST-ZIP ILE AME IREET ADDRESS	Signature, lythed or parted name of parted agent OFRICERS AN P DAVID, K.M. 426 N.E. 7TH AVE. DELRAY BEACH FL SD KEARNS, MARGARET 426 N.E. 7TH AVE.	Ga NOTE DIRECTORS DELETE	TY PALOMDI Hagistered Agent signature require 13. 1.1 Title 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	ed when runstaling)	OH-10-96 DATE DERIS AND DIFFECTORS IN 12 Change Addition
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