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NONPROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(1)

Principal Place of Business Maining Address 107/29/1985 4. FET Number 107/29/1985 4.	STANLEY AXLROD UTD TOWERS, INC.						
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Zip				City & Stato			
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9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Pursuant to the provisions of Socitions 617,0502 and 617,1508, Forida Statutes, the above-named corporation submits this statement for the purpose of Changing its registered of the corporation submits this statement for the purpose of Changing its registered of the corporation submits this statement for the purpose of Changing its registered of the corporation submits this statement for the purpose of Changing its registered spent, in the State of Florida Statutes, the above-named corporation submits this statement for the purpose of Changing its registered spent in the Benefit of the corporation submits this statement for the purpose of Changing its registered depends of directors. Thereby accept the appointment as registered spent in the Benefit of the Corporation's Corpor		Country		C ₀	untry		
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OTTO, SYLVIA 940 SW 52ND AVENUE PLANTATION FL 33317 83 64 City FL 85 Zip Code 11. Pursuant to the provisions of Socions 617.0502 and 617 1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered agent. I am lamiliar with, and accept the obligations of, Socion 617.0503, Florida Statules. SIGNATURE Signature tyndic purpose of purpose of changing was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am lamiliar with, and accept the obligations of, Socion 617.0503, Florida Statules. SIGNATURE Signature tyndic purpose of purpose of changing was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and purpose of changing its registered agent accept the appointment as registered agent accept the appointment agent accept agent accept the appointment agent accep		V. Name and Address of Curre	ant Hegistered Agent		R1	Name	10. Name and Address of New Hegistered Agent
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PLANTATION FL 33317 83 84					82	Street A	Address (P.O. Box Number is Not Acceptable)
B4 Crty FL B5 Zip Code					83	*** +	
11. Pursuant to the provisions of Soctions 617.0502 and 617.1508, Florida Statules, the above-named corporation submils this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of Soction 617.0503, Florida Statules. SIGNA_TURE SIGNA_TURE Signature typed or printed harms of registered agent must fine # applicable. (NOTE Registered Agent signature required when remasting) 12.					84	City	85 Zip Code
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12. OF LICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE NAME ADAMS, LEOLA STREET ADDRESS CITY-ST-2IP TITLE D COLMAN, ANN 11742 SW 107TH COURT MIAMI FL D CRUSE, WILLETTE TITLE D CRUSE, WILLETTE TITLE TI	agent I a	m f ami liar with, and accept the obliq	gations of, Section 617.0503,	Florida Sta	tutes	i	
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SIGNATURE: NOOD ALL SAKE PLANT

14. Thereby 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 eath; 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.

FILED

Jun 22 1998 8:00am

Secretary of State