FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 7

710168

(6)

,	ARGO LIONS BUILDING CO										
Principal Plac	ce of Business	Maili	ing Address					i isanis isani sinii anini tidili si	161 1811 BIEN BI	### ##### ##### ######################	INIT BIBIT TOUT
P.O BOX 5 KEY LARGO F US	L 33037	P.O BOX 5 KEY LARGO FL 33037 US				3. Date Incorporated or Qualifie 01/05/1966	ď				
								4. FEI Number		 	pplied For
2. Principal f	Place of Business	2a. N	failing Address					59-2356586			lot Applicable
21 26			Manual Addition			5. Certificate of Status Desired			Additional lequired		
			uite, Apt. #, etc.					6. Election Campaign Financing	1	\$5.00	
27								Trust Fund Contribution		Added t	
City & State City			ity & State			7. Is this nonprofit corporation a	homeowne	rs associatio	on?		
23		28					☐ Yes ☐ No				
Zip	Country	L, z	ïp	L_ G	ountry	ı		B. This corporation owes or has	paid the cu		
24	25	29		30				Personal Property Tax due Ju			X No
	9. Name and Address of Curre	int Register	red Agent		81	Name		10. Name and Address of New	Registered	Agent	
	04BBI 44				"	Premino	,				
MESA, ISABEL M 1124 GULFSTREAM LANE KEY LARGO FL 33037					82	Street	t Addre	ess (P.O. Box Number is Not Accep	table)		
					83						
NEI LA	100 FE 3303/										
					84	City			FI	85 Zip	Code
11. Pursuant office or agent. I s SIGNATURE	to the provisions of Sections 617.05 registered agent, or both, in the Stat am familiar with, and accept the oblig	02 and 617. e of Florida. gations of, S	.1508, Florida State Such change was section 617.0503, F	utes, the authoriz lorida St	above ed by atutes	e-named the cos	d corpo rporatio	oration submits this statement for th on's board of directors. I hereby ac	e purpose o cept the app	of changing i pointment as	ts registered registered
	Signature, typed or printed name of registered ag					nt signatu	e require	d when reinstating)	DATE		
12.	OFFICERS AN	ND DIRECTO		13			,	ADDITIONS/CHANGES TO OF	FICERS AND		
TITLE	T INC. ICARE IA		☐ DELETÉ		TITLE					Change	Addition
NAME	MESA, ISABEL M				NAME						
STREET ADDRESS	1124 GULFSTREAM LANE					ADDRESS					
CITY+\$T+ZIP TITLE	KEY LARGO FL		DELETE	_	CITY - ST TATLE	T-ZIP				Change	Addition
NAME	BERNSTEIN, PAUL				NAME					Change	E AUGINON
STREET ADDRESS	110 FIRST TERRACE					ADDRESS					
CITY-ST-ZIP	KEY LARGO FL										
TITLE	D		DELETE		CITY-S	11-211	1			☐ Change	Addition
NAME	MITCHELL, JUDITH		_		NAME		Ī				
STREET ADDRESS	2 BOWEN DRIVE			3.3	STREET	ADDRESS					
CITY-ST-ZIP	KEY LARGO FL				CITY-S						
TITLE	D		☐ DELÉT É	4.1	TITLE					Change	Addition
NAME	GOW, DAVID			4.2	NAME						
STREET ADDRESS	32 POMPANO AVE			4.3	STAEET .	address					
CITY-ST-ZIP	KEY LARGO FL			4.4	CITY-S1	T - ZIP					
TITLE			DELETE	5.1	TITLE					☐ Change	Addition
NAME	:			5.2	NAME						
STREET ADDRESS	Ä.			5.3	STREET	ADDRESS	1				
CITY-ST-ZIP	** .		Printe		CITY - ST	I - ZIP	 				- 1 A - 200
TITLE			DELETE		TITLE					☐ Change	Addition
NAME					NAME						
STREET ADDRESS					STREET /	ADDRESS	1				
Later Sta JIP				m 6.4	CHLA-GI	- 7142					

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 an address.

DIOMATURE.

alel M. Mla-

Jun 16-98

FILED

Feb 05 1998 8:00am

Secretary of State