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NONPROFIT CORPORATION ANNUAL REPORT

1997

STREET ADDRESS

City-St-ZIP



FLORIDA DEPARTMENT OF STATE

FILED

May 19 1997 8:00am

Secretary of State

Sandra B. Morthem

Secretary of State
DIVISION OF CORPORATIONS

OCUMENT # 71720

(2)

619 NORTHEA HALLANDALE		Mailing Address 619 NORTHEAST 14TH A HALLANDALE FL 33009-3			3. Date Incorporated or Qualified 09/18/1969	3a. Data	e of Last R 6/13/19	Report 96
Principal Place of Business		26			59-1286898	59-1286898		pplied For of Applicable
Suite, Ap	t. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75	Additional
22		27		······································				equired
City & Sta	ate	City & State			6. Election Campaign Financing Trust Fund Contribution			May Be
Zip	Country		Coo	unity	Trust Fund Contribution 8. This corporation has liability for			10 Fees
24	25	29	30			Yes 🔲). 188.USZ,
	9. Name and Address of Curre				10. Name and Address of New R	egistered A	gent	
HENIGMAN, ANITA L				81 Name 82 Street	Address (P.O. Box Number is Not Accepte	abla)		
619 N.E. 14 AVENUE				DZ SIFEET	Address (F.O. Box Number is Not Accepts	1016)		
BLDG.	E #206			83				
HALLAI	NDALE FL 33009			84 City			85 Zip	Code
						<u> </u>	1 1 1	
Office of	r registered agent, or both, in the Stat am Mhitar with and accept the oblid	e of Florida. Such change was	aumorize				ınımeni as	
SIGNATURE	Signature typed or printed name of registered A	peri and title if applicable. (NO ND DIRECTORS	L. A	HEN19	corporation submits this statement for the poration's board of directors. I hereby according to the poration's point of directors of the poration of the porat	DATE DATE ICERS AND I	7 DIRECTOR	RS IN 12
SIGNATURE	Signarue typed or printed name of registered OFFICERS XI	peri and title if applicable. (NO	TE: Registers	EN/S	required when reinstating) ADDITIONS/CHANGES TO OFF	DATE DATE ICERS AND I	7	
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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.

B.4 CITY-ST-ZIP

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE: LINE SIGNATURE AND TYPED OR PRINTED NAMED OF FIGHT OF DIRECTOR L. HENIGMAN 4-28-97 454-444