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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

FILED)
May 09 1997	8:00am
Secretary of	f State

	ED PERSON INC	**************************************							
Principal Place	e of Business	Mailing Address				f innint innin infan inink linke inwan	LENE MENNE MIN	I EIDH EIDH	81811 W(BE) 1881
SHIRLEY MAY 131 BLUFFVIEW DR 107 BELLEAIR BLUFF FL 34640		SHIRLEY MAY 131 BLUFFVIEW DR., 107 BELLEAIR BLUFFS FL 33770-1331							
JS		U\$				3. Date Incorporated or Qualified 04/19/1972		te of Last 04/17/19	
2. Principal P Mar	Place of Business ry Gruber	2a. Mailing Address 26 9209 Ser	ninole	B1	lvd	4. FEI Number 23-7178005			Applied For Not Applicab
Suite, Apt.	#, etc. L44	Suite, Apt. #, etc.			·	Certificate of Status Desired			Additional Required
City & State	nole Fla	City & State				Election Campaign Financing Trust Fund Contribution			May Be
Zip	Country	Zip	Cou	intry	•	8. This corporation has liability for	intangible	tax under	
3577		29	30				Yes [·
	9. Name and Address of Curren	ii negistered Agent		81	Name	10. Name and Address of New Re	gistered /	deut	
					HEITH				
	. Margieann JFFVIEW dr. #105		į	82	Street Ac	ddress (P.O. Box Number is Not Acceptat	ble)		
	R BLUFFS FL 34640-8331			83					
				84	City		FL	85 Zip	Code
ii, ruisuani	to the provisions of Sections of 7.050	and otterious, rionad of	atolos, are at		ioninoa o				
	to the provisions of Sections 617.050 registered agent, or both, in the State im familiar with, and accept the obliging Signature, typed or printed name of registered age					ration's board of directors. I hereby accelused when reinstating)	pt the app	pintment a	is registered
SIGNATURE .	Signature, typed or printed name of registered age OFFICERS AN	ent and little If applicable ID DIRECTORS	(NOTE: Registers	d Agent (<u></u>	DATE	DIRECTO	DRS IN 12
Signature .	Signature, typed or printed name of registered age OFFICERS AN	ent and title if applicable	(NOTE: Registers	d Agent (quired when reinstating)	DATE		DRS IN 12
Signature 1 2. Iitle	Signature, typed or printed name of registered age OFFICERS AN TD SASSON, MARY	ent and little If applicable ID DIRECTORS	(NOTE: Registers	d Agent (quired when reinstating)	DATE	DIRECTO	DRS IN 12
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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.

SIGNATURE:

14/22, 1997

B13-398-1613

BONATURE ADDITIONAL PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Date Design Prome # 10049549