## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCU 1. Corporatio	MENT # 72381;	3 (2	2)					
	H FLORIDA SMACNA, INC.							
Principal Place of Business Mailing Address					L:00611 100 0  1000  100  100  100  100	RIBIK DIDIN RUJUK DI		
P.O. BOX 81-7801 P.O. BOX 81-7801 HOLLYWOOD FL 33081 HOLLYWOOD FL 33081 US US					3. Date Incorporated or Qualified		<del></del>	
					07/05/1972			
- 55		55			4. FEI Number		plied For	
<b>0</b> 0/20/2010	top of Dunia	Long Stadio at Middle			23-7183531		t Applicable	
2. Principal P	lace of Business	2a. Mailing Address 26			5. Certificate of Status Desired	\$8.75 A		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			6- Election Campaign Financing	\$5.00	May Be	
22		27			Trust Fund Contribution	Added to		
City & State		City & State		7. Is this nonprofit corporation a homeowners association?				
Zip	Country	Zip	T CO	untry	<del></del>			
24	25	29	30	and y	This corporation owes or has paid the Personal Property Tax due June 30.	<u> </u>	angible ] No	
241	9. Name and Address of Curren		130	<del></del>	10. Name and Address of New Registere		<u> </u>	
			,	81 Name				
BLACK.	PEGGY J			82 Street Add	ress (P.O. Box Number is Not Acceptable)			
4611 HAWTHORNE CIR.				82 Street Address (P.O. Box Number is Not Acceptable)				
HOLLYWOOD FL 33021				83		<del></del>		
				84 City	<del></del>	85 Zip (	Code	
				-	F	L		
11. Pursuant office or r	to the provisions of Sections 617.050; egistered agent, or both, in the State	2 and 617.1508, Florida of Florida, Such chanc	a Statutes, the a e was authorize	bove-named corpora	poration submits this statement for the purpose tion's board of directors. I hereby accept the a	: of changing its	s registered realstered	
agent. I a	m familiar with, and accept the obliga	ations of, Section 617.0	503, Florida Sta	tutes.		•	₩°5,**	
SIGNATURE	Signature, typed or printed name of registered age	et and life if applicable	(NOTE: Basiston	ed Agent signature requi	red when reinstating) DATE			
12.	OFFICERS ANI		13.	to Agent signature requi	ADDITIONS/CHANGES TO OFFICERS A		S IN 12	6
TITLE	D	DEL		ITLE		Change	Addition	Š
NAME	MURPHY, WILLIAM H		1.2 N	AME				7
STREET ADDRESS	P.O. BOX 81-7801 N A		1.3 \$	TREET ADDRESS				č
CITY-ST-ZIP	HOLLYWOOD FL 33081		1.4 0	ITY-ST-ZIP				ē
TITLE	P	☐ DEL	ETE 2.1 T	TILE		☐ Change	Addition	Č
NAME	KEEN, JAMES W		2.2 N	IAME				
STREET ADORESS	P.O. BOX 81-7801 N A		2.3 \$	TREET ADDRESS				
CITY - ST- ZIP	HOLLYWOOD FL 33081			CITY-ST-ZIP			TT core	
TITLE	ST NAME I MARKET	DEL		,		Change	L Addition	
NAME	MARVEL, WILLIAM H		3.2 N	ŧ.				
STREET ADDRESS	P.O. BOX 81-7801 N A HOLLYWOOD FL 33081			TREET ADDRESS				
CITY-ST-ZIP	D	DEL		CITY-ST-ZIP		Change	Addition	
NAME	BLACK, PEGGY J			NAME				
STREET ADDRESS	4611 HAWTHORNE CIR.		B	TREET ADDRESS				
CITY-ST-ZIP	HOLLYWOOD FL 33021		•	aTY-ST-ZIP				
TITLE		☐ DEL				Change	Addition	
NAME			5.2 N	IAME			J	
STREET ADDRESS			5.3 \$	TREET ADDRESS				
CITY - ST - ZIP			5.40	HTY-ST-ZIP				
TITLE		DEL.	ETE 6.1 T	ITLE		Change	☐ Addition	
NAME			6.2 N	IAME	•			
STREET ADDRESS			6.3.5	TREET ADDRESS				

Thereby certify that the information supplied with this filing does not qualify on 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 cath; 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 of any attachment with an address.

GNATURE:

| SUBSTITUTE AND THERE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

**FILED** 

Feb 03 1998 8:00am

Secretary of State