## **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

**DOCUMENT #** 

SIGNATURE:

**FILED** May 13 1998 8:00am Secretary of State

Group, INC					
Principal Plac	ce of Business	Mailing Address			
704 W. Madison ST.  Tallahassee, FL 32304  Sam			me	3. Date Incorporated or Qualified	
				4. FEI Number Applied For	
*	•			59-2140	Not Applicable
2. Principal F	Place of Business	2a. Mailing Address		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Suite, Apt. #, etc. Suite, Apt. #, etc.			<del></del>	6. Election Campaign Financing	\$5.00 May Be
27				Trust Fund Contribution	Added to Fees
City & State City & State			7. is this nonprofit corporation a h		
23		28			☐ Yes ☐ No
Zip	Country	Zip	Country	8. This corporation owes or has p	
24	9. Name and Address of Current F	29	30	Personal Property Tax due June  10. Name and Address of New Re	
	S. Maile Blid Address of Callett	iogistorou Aguitt	B1 Name	To: Harris and Address of Herr II	Igratored Agent
Mark Face /					
DE OUBER ACCIONS				ess (P.O. Box Number is Not Acceptal	ole)
•	704 west Madison	5/.	83		
	Tallahassee, Fl	22204	84 City		leel 7in Code
	•				FL 85 Zip Code
11. Pursuant	to the provisions of Sections (17.0502 a registered agent or botty in the State of am familian part, and ico praise obtigat	and 617.1508, Florida Statu	tes, the above-named corp	oration submits this statement for the	purpose of changing its registered
agent. La	am familia many and rice of the obligate	ins of Section 617,0503, Fi	orida Statutes.	cors board of directors. Thereby acce	pr the appointment as registered
SIGNATURE	- III Can Wood	MAIK	Fernio HII	4610r	4/30/98
12.	Signature, typed or printed name of registered agent a OFFICERS AND I		TE: Registered Agent signature require 13.	ad whom reinstating)  ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12
TITLE	111	DELETE	1.1 TITLE	ADDITIONAL OF THE CITY	Change Addition
NAME	Ann whitfield		1.2 NAME		_ • -
STREET ADDRESS	1425 N. Duval ST.		1.3 STREET ADDRESS		
CITY-\$T-ZIP	Tall. FL 32303	·	1.4 CITY-ST-ZIP		
TITLE	0	DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	Susannah bindberg		2.2 NAME		
STREET ADDRESS	1300-B Nylic ST.		2.3 STREET ADDRESS		
CITY-ST-ZIP	Inllahassee Fl. 32	304	2. 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME STREET ADDRESS	6055 Majers lane #	: <b>3</b>	3.2 NAME		
CITY-ST-ZIP	(almabia MI)		3.3 STREET ADDRESS 3.4, CITY-ST-ZIP		
TITLE	Secretary - Terasurer	. DÉLETE	4.1 TITLE		Change Addition
NAME		, <del></del>	4. 2 NAME		
STREET ADDRESS	Richard Trilsch 1224 N. Buval ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	_Tallahacee Fl 3	2303	4.4 CITY - ST - ZIP		
TITLE	Tallahassee, FL 3	DELETE	5.1 TITLE	200000252	⊕hange
NAME	Mark Foodo -		5.2 NAME	<b>200</b> 00252 -05/15/98011	08017
STREET ADDRESS	704 W MANICONSI.		5.3 STREET ADDRESS	***61.25	
CITY-\$T-ZIP	TALL. FL 32301/	D arier	5.4 CITY - S1 - ZIP		
TITLE		☐ DELETE	6.1 TITLE	^	Change Addition
NAME CORECT ADDRESS			6.2 NAME	/)	N TID
STREET ADDRESS			6.3 STREET ADDRESS	Ü	U 5/15
CITY-ST-ZIP	certify that the information supplied with	this in no does not qualify for	64 CITY-ST-ZIP or the exemption stated in 5	Section 119.07(3)(i) Florida Statutes I	further certify that the information
Indicated officer or a Block 12 i	erify that the information supplied with on this annual report or supplemental a director of the corporation or the receive or Block 13 if changed proprien attaching	nnual report is true and according to the contract of the cont	curate and that my signature execute this report as requi	e shall have the same legal effect as i ired by Chapter 617, Florida Statutes;	made under oath; that I am an and that my name appears in

INTED NAME OF SIGNING OFFICER OR DIRECTOR