FILED

Secretary of State

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$61,25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 728896

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OFFICE BOX 100 OFFICE. BI MERRITT ISLAND FL 32953 MERRITT IS									3. Date Incorporated or Qualified 02/21/1974 4. FEI Number Applied For				
US			US	ł					559809		h	lot Applicable	
2. Principal I	Place of Busi	ness	2a. 26	Malling Address					ate of Status Desired			Additional Required	
Sulte, Apt. #, etc.			27	Suite, Apt. #, etc.				l l	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
City & Sta	ale -			City & State			 _		onprofit corporation a	homeowne			
23			26							Yes	□No		
Zip	-	Country		Zip	 -	intry		1	poration owes or has	•			
24	A Name	and Address of Cu	29	ared Agent	30				I Property Tax due Jund Address of New		Yes L	No	
ļ	y. Maille	and Address of Cu	nent region	aled Agent		81	Name	10. 1401116 1	IIIO Address Of New	wafisterer	y Whalif		
NOE, JEN	MIEED												
							Street Ac	Address (P.O. Box Number is Not Acceptable)					
17 MCLEOD \$T REET MERRITT ISLAND FL 32952													
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11. Pursuant office or r	to the provisi- registered ac-	ons of sections 617.0 ont, or both, in the St	502 and 617. ate of Florida	1508, Fiorida Statu . Such change was	ites, the abov s authorized	ve-nar by the	med corporate	oration submits th tion's board of dire	s statement for the purectors. I hereby accep	rpose of ch t the appoi	anging its rep niment as rep	gistered gistered	
	ım familiar wi	lh, and accept the ob	ligations of a	nation 617 0502 E	Harida Statut	toc				• • • • • • • • • • • • • • • • • • • •			
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SIGNATURE		or printed name of registered	l agent and title if	applicable.	(NOTE: Register	red Ager					ND DIRECT	-	
SIGNATURE	Signature, typed	or printed name of registered OFFICERS	l agent and title if	applicable.	(NOTE: Register	red Ager		ADDITIO	NS/CHANGES TO OF	FICERS A		ORS IN 12	
SIGNATURE 12. TITLE	Signature, typed SD BRENDLE	or printed name of registered OFFICERS	l agent and title if	applicable.	(NOTE: Register 13. 1.1 TI 1.2 NA	red Ager ITLE AME		ADDITIO	NS/CHANGES TO OF	FICERS A		-	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BRENDLE 345 PARK	or printed name of registered OFFICERS	l agent and title if	applicable.	(NOTE: Register 13. 1.1 Ti 1.2 N/ 1.3 ST	red Ager ITLE AME	DDRESS .	ADDITION OF PARKET MANCY MEDICAL MANCY MEDICAL MARKET MEDICAL MARK	NS/CHANGES TO OF	FICERS A	Change	-	
SIGNATURE 12. TITLE NAME STREET ADDRESS	SD BRENDLE 345 PARK	or printed name of registered OFFICERS LARRY AVENUE	l agent and title if	applicable.	(NOTE: Register 13. 1.1 TI 1.2 NA 1.3 ST 1.4 CI	red Ager ITLE AME ITY-ST-2	DDRESS ZIP	ADDITIONS OF PARKETT ES	NS/CHANGES TO OP LUNDY F BLUD UNI LATE, FL.	FICERS A	Change	Addition	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BRENDLE 345 PARK SATELLITI D LUNA, PH	OFFICERS LARRY AVENUE BEACH FL YLUS	l agent and title if	eppicable CTORS DELETE	(NOTE: Register 13. 1.1 TI 1.2 NA 1.3 ST 1.4 CI	ITLE AME TREET AI ITY-ST-Z	DDRESS ZIP	ADDITION OF PORTION OF	NS/CHANGES TO OF	T# / 32953	Change	Addition	
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(f), 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.

Daytime Phone #