SECOND NOTICE; CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/90: \$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 # 733760

(3)

FORT LAUDERDALE JAYCEES, INC.												
Principal Place of Business Mailing Address									1 20 10 10 11 11 11 11		818 11 818 11 81811 8881	
4140 PETERS ROAD 4140 PETERS ROA FT. LAUDERDALE \$3317 FT. LAUDERDALE						17			3. Date Incorporated or Qualified 09/04/1975			
									4. FEI Number 59-1704377		Applied For Not Applicable	
2. 21	Principal F	lace of Busin	988	2a. Mailing Address					5. Certificate of Status Desired		.75 Additional	
	Sulte, Apt.	#, etc.		Sulte, Apt. #, etc.					Election Campaign Financing Trust Fund Contribution	\$5	.00 May Be	
	City & Stat	le		City & State				7. Is this nonprofit corporation a	homeowners asso	Ided to Fees		
23			WINE THE RESERVE TO T	28				∭ Yes □ No				
24	Zip	Country 25		Zip Co		Countr 30	У		8. This corporation owes or has paid the current year intengible Personal Property Tax due June 30.			
		9. Name	and Address of Currer	nt Registered A	gent				10. Name and Address of New	Registered Agent		
81 Name												
	BOWEN, RON							Addres	s (P.O. Box Number Is Not Accept	able)		
3240 SW 18 ST.												
FT.LAUDERDALE FL 33312			3312				3					
						84	City			FL 85	Zip Code	
11. Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 617.0503, Florida Statutes.												
SIGNATURE												
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Age 12. OFFICERS AND DIRECTORS 13.								ure required		DATE	ECTORS IN 42	
TITL		P	OFFICERS AN	DELETE DELETE				Dn	ADDITIONS/CHANGES TO OF	7		
NAM		COREEONE	TINO	· ·	DECE IE	1.1 TITLE 1.2 NAME		1 "		M c⊦	ange Addition	
STRI	EET ADDRESS	124 HENDE					TADDRESS	164	ICIA YOUNG			
CITY	-ST-ZIP	FT LAUDER				1.4 CITY S	ST-ZIP	177	IN W. GERUNVE	ME	i	
TITL	E	VP			DELETE	2.1 TITLE		17	BURTER	Пс	ange Addition	
NAM	rE .	RUDT, RAN	DEE	·	_	2.2 NAME		D.	THE PAINMER			
\$TR	EET ADDRESS		8TH ST #206-B			2.3 STREE	TADDRESS	200	THEL ISALLINGER	g.		
CITY	-ST-ZIP	PLANTATIO	N FL			2.4 CITY-5	ST-ZIP	1. 6	NUDERNALL FL			
TITL	E	VP .		[DELETE	3.1 TITLE		011	PACTOR "	XX ch	ange Addition	
NAM	E	BALLINGER				3.2 NAME		KI	MBERLY PALMI	(X		
\$TR	EET ADDRESS		TH TERRACE			3.3 STREE	T ADDRESS	392	MBEALT PALMI 4 SW. 14PH SF			
	-ST-ZIP	N LAUDER	DALE FL		<u></u>	3.4 CITY-5	T ZIP	FF	CKUOEROKUE, I'L			
TITL		7	AL III.	Į	DELETE	4.1 TITLE		TRO	ASURER	ch	ange Addition	
NAM		POWERS, J				4.2 NAME		101	YN POWERS -3 CAT CAYLANE LAWDEROULE, PLA			
	EET ADDRESS	2459 CATC				4.3 STREE	T ADDRESS	245	-3 CATCATUANT			
TITL	-ST-ZIP	FT LAUDER Dr	DALE FL		DELETE	5.1 TITLE	1-ZIP	F	LAUDERON LE, PLI	Ch		
NAM		RUDT, KER	DV	t	DELETE	5.2 NAME		MR	FCTOR	PS Ch	ange Addition	
			8TH ST #206-B				T ADDRESS	BR	OSW 28ROST			
	-ST-ZIP	PLANTATIO				5.4 CITY-S		376	LAUDEROALF, TE			
TITLE		D	L-1-1-T		DELETE	6.1 TITLE			ECTOR	X ch	ange Addition	
NAM	E	VOLZ, DAVI	D			6.2 NAME				pasto.		
STRE	ET ADDRESS	7521 NW 8				6.3 STREE	TADDRESS	1637	F PULFER			
	-ST-ZIP	PLANTATIO	N FL			6.4 CITY-S	T-ZIP	PEPI	BROKE PINES, FL			
14. I 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:

7-6-98

FILED

Jul 16 1998 8:00am 8

Secretary of State