Oct 15 1998 8:00am ^g

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 # 747634

(4)

IE TENTU COMMANDMENT INC

THE TENTH COMMANDMENT, INC.	•			
Principal Place of B usiness	Malling Address			TINIT GJAJE BIBIL BIBIL BIBIL DIBE
5300 WASHINGTON STREET SUITE F 214	5300 WASHINGTON STREE SUITE F 214		3. Date Incorporated or Qualified 06/14/1979	
HOLLYWOOD FL 33023-4474	HOLLYWOOD FL 33023-447	4	4. FEI Number	Applied For
		Name - American - Amer	59-1940452	Not Applicable
2. Principal Place of Business	2a. Malling Address		5. Certificate of Status Desired	\$8.75 Additional
Suite, Apt. #. etc.	Suite, Apt. #, etc.		6. Election Campaign Financing	Fee Required
22	27		Trust Fund Contribution	\$5.00 May Be Added to Fees
City & State	tate City & State		7. Is this nonprofit corporation a homeowne	
23	28		Yes No	
Zip Country	Zip Country		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No	
24 25 9. Name and Address of Curre		30]	Personal Property Tax due June 30. 10. Name and Address of New Registered	
. Hollie and Address of Outto	III Kugistorau Agent	81 Name	TO. TERRITO BITO ADDITION OF THEM INSUITABLE TO	1 Agont
UPTGROW, EMMALINE		00 00 00		
5300 WASHINGTON STREET		B2 Street Addre	ess (P.O. Box Number is Not Acceptable)	
HOLLYWOOD FL 33023		83		•
		84 City		85 Zip Code
		1 1 "	<u>F</u>	L []
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.				
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 this if applicable. (NOTE: Registered Agent signature required when reinstating) DATE				
	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE PD	DELETE	1.1 TITLE		Change Addition
NAME UPTGROW, EMMALINE		1.2 NAME		
STREET ADDRESS 5300 WASHINGTON ST		1.3 STREET ADDRESS		
CITY-ST-ZIP HOLLYWOOD FL 33023		1.4 CITY-ST-ZIP		
TITLE	DELETE	2.1 TITLE		Change Addition
NAME DALEY, MAXINE		2.2 NAME		
STREET ADDRESS 1306 SILVERDO		2.3 STREET ADDRESS		· .
CITY-ST-ZIP NORTH LAUDERDALE FL 3306		2.4 CITY-ST-ZIP 3.1 TITLE		
TITLE D TAME GRANT, ELAINE	DELETE	3.2 NAME		Change Addition
STREET ADDRESS 20236 SW 124TH PLACE		3.3 STREET ADDRESS		}
CITY-ST-ZIP MIAMI FL 33177		3.4 CITY-ST-ZIP		
TITLE D	DELETE	4.1 TITLE		Change Addition
NAME BENJAMIN, ROBIN	Dereie	4.2 NAME		Change Addition
STREET ADDRESS 20236 SW 124TH PLACE		4.3 STREET ADDRESS		
CITY-ST-ZIP MIAMI FL 33177		4.4 CITY-ST-ZIP		
TITLE D	DELETE	5.1 TITLE		Change Addition
NAME FORD, SALENA	<u> </u>	5.2 NAME		_ ,
STREET ADDRESS 3732 SW 59 TERRACE		5.3 STREET ADDRESS		
CITY-ST-ZIP MIAMI FL		5.4 CITY-ST-ZIP		
TITLE	DELETE	6.1 TITLE		Change Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
,CITY-ST-ZIP		6.4 CITY-ST-ZIP		
14. I hereby certify that the information supplied with	h this filing does not qualify for the	e exemption stated in sect	tion 119 07(3Vi) Florida Statutes I further certifi	that the information

an officer or director of the comporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Fidrida Statutes; and that my name appears in Block 12 or Block 13 #schringed, or on an attachment with an address. SIGNATURE: