COF ANNU	DNPROFIT RPORATION JAL REPORT 1998	Secretar	TMENT OF STATE • Mortham y of State ORPORATIONS	May 21 1998 Secretary o	
	MENT # 75252 NAME NAL MARRIAGE ENCOUN	· \-/	DA,		
INC Principal Place		Mailing Address			
23 E. LIVINGST DRLANDO FL 3	TON STREET	123 E. LIVINGSTON STREET ORLANDO FL 32801		3. Date Incorporated or Qualified	
				05/16/1980 4. FEI Number 59-1937555	Applied For Not Applicabl
2. Principal Pl	lace of Business	28. Mailing Address 26 4704 JAn	PERSON ST.		\$8.75 Additional Fee Required
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$5.00 May Be Added to Fees
Gity & State		28 RAND	O, FL	7. Is this nonprofit corporation a homeowners	essociation? No
Zip 4	Country 25 9, Name and Address of Curr	29 32801	30 USA	<ol> <li>This corporation owes or has paid the curre Personal Property Tax due June 30.</li> </ol>	nt year Intangible Yes X No
					85 Zip Code
SIGNATURE	to the provisions of Sections 617.C egistered agent, or bolh, in the Sia m familiar with, and accept the ob Signature, typed or printed name of registered		s, the above-named corp uthorized by the corporat rida Statutes.	poration submits this statement for the purpose of c tion's board of directors. I hereby accept the appoint	
SIGNATURE _	Signature, typed or printed name of registered OFFICERS A	agoni and itle # applicable (NOTE	Registered Agent signalure requi	poration submits this statement for the purpose of c tion's board of directors. I hereby accept the appoin red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND D	hanging its registered niment as registered
SIGNATURE _	Signature, typed or printed name of registered OFFICERS / TD KRAUS, FRANK A. 2649 ABALONE BLVD	agont and title if applicable (NOTE	Repistered Agent signalure requi <b>13.</b> 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	poration submits this statement for the purpose of c tion's board of directors. I hereby accept the appoin red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND D	hanging its registered niment as registered
SIGNATURE _ 12. 11TLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADORESS	Signatura, typed or printed name of registered OFFICERS / TD KRAUS, FRANK A. 2649 ABALONE BLVD ORLANDO FL PD OGG, CHARLES 4704 JAMERSON	agoni and itle # applicable (NOTE	Repistered Agent signalure requi 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST- ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	poration submits this statement for the purpose of c tion's board of directors. I hereby accept the appoin red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND D	hanging its registered niment as registered
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