NONPROFIT CORPORATION ANNUAL REPORT



## FLORIDA DEPARTMENT OF STATE

عبيد بوجادي دهي

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## FILED Mar 22, 1999 8:00 am Secretary of State 03-22-1999 90010 025 \*\*\*\*61.25

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Principal Place of Business Mailing Address					JOSH MILLY	30,00			
4620 NW 3RD DELRAY BCH	4820 NW 3RD DR DELRAY BCH FL 33445								
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Principal Place of Business					3. Date incorporated or G	ualifed	<del></del>		٦
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	City & State City & State				5. Certificate of Status De	eired []	\$8.75 A		<u>}</u>
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DELRAY BEACH FL 33445						<u>,</u>	85 Zip C	ode . =	-
<b>!</b>	•	JEJOSZY BOY	<u>لم</u> FL	133	445	_[			
11. Pursuant	to the provisions of Sections 617.05 registered agent, or both, in the State im familiar with, and accept the obligi	poration submits this statement	for the purpose of o	changing its : itment as rec	registered istered	1			
agent. I a	m familiar with, and accept the oblig-	ations of, Section 617.0503, Flor	ida Statutes			7/2	100		
SIGNATURE	Signature, typiki or printed name of registered age	Q JUNE 1907E	Desirence Area	•	nud whom reinstaking)		/ 1-1		<u>۾</u> ا
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES	TO OFFICERS AN	DIRECTOR		(11/98)
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	1				Section 119.07(3)(i), Florida St		6 . 4h - 1 . fb - i-	2	• :

I hereby certify that the information supplied with this filling cose not quality for the exemptor stated in Security 113.77(2), Faculta Stateds in Indicated on this annual report or supplemental annual report is true and secure 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, with all other like empowered.

SIGNATURE: <