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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Apr 28 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

766505

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O1/11/1983 2. Principal Place of Business 2a. Mailing Address 25 Sulte, Apt. #, etc. 27 City & State City & State Zip Country Zip Country Cou	Date of Last Report 04/10/1996 Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees let ax under s. 199.032, Not Agent 85 Zip Code of changing its registered
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BRINSON, JAMES PO BOX 1285 (9TH AVENUE MILLS END) ARCADIA FL 33821 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 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 apagent, I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature. P	No d Agent 85 Zip Code of changing its registered opointment as registered
BRINSON, JAMES PO BOX 1265 (9TH AVENUE MILLS END) ARCADIA FL 33821 11. Pursuant to the provisions of Soctions 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose 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 apagent. 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 Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. TEREY NAME BOEHNI, FRANK 11. TITLE NAME BOEHNI, FRANK 11. STREET ADDRESS 1169 SE 8TH AVE ARCADIA FL LAROCQUE, MARILYN STREET ADDRESS 1228 SE 9TH AVE 23 STREET ADDRESS 1228 SE 9TH AVE 23 STREET ADDRESS 1228 SE 9TH AVE	d Agent B5 Zip Code of changing its registered pointment as registered
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S.	□ Vadito
NAME RAWLINGS, BARBARA STREET ADDRESS 1151 SE 7TH AVE 3.2 NAME WALKER NADINE 1.236 S.E. & AVE	
CITY-ST-21P ARCADIA FL 34266	
TIME DELETE ATTORE	★ Change
NAME STREET ADDRESS 1188 SE 7TH AVE 4.1 MICHT, BILL 4.3 STREET ADDRESS 4.2 NAME 4.3 STREET ADDRESS 4.3 STREET ADDRESS 4.4 NAME 4.3 STREET ADDRESS 4.5 NAME 4.5	
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CITY-ST-ZIP ARCADIA FL 34266	
TITLE D S.1 TITLE D	Change Addition
NAME SMITH, ROBERT 52 NAME DEVINE, VINCENT	
STREET ADDRESS 1113 S.E. 8TH AVE. 5.3 STREET ADDRESS 1092 S.E. 85 AVE	
CITY-ST-ZIP ARCADIA FL 54CITY-ST-ZIP ARCADIA FL. 34266	
TITLE 1 6.1 TITLE	Change Addition
NAME PEASE, RALPH 62 NAME	
STREET ADDRESS 8TH AVE MILLS END 6.3 STREET ADDRESS	
city-st-zip ARCADIA FL 14. I do 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	or antifu 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 at a man officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; appears in Block 12 or Block 13 if changed, or on an attachment with an address.	און אוואסט ועג

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