## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Corporation	n Name		URCH FOR A		ODIFING	) .							2
	01111101	OII	onon ron A	WLL I EV	JEL, ING.								
Principal Place of Business					Mailing Address						A SULD LICH SHELL	BULLI OLOH DADA	HAPPEN!
720 NW 4TH ST FT. LAUDERDALE FL 33311					401 N W 7TH AVE. FT. LAUDERDALE FL 33311-8134				3. Date incorporated or Qua	lified			
US										4. FEI Number		1 7	Applied For
										65-0729510			Not Applicable
2. Principal Place of Business 21					2a. Mailing Address 26					5. Certificate of Status Desire	ed 🗆		Additional Required
Suite, Apt. #, etc.					Suite, Apt. #, etc.					6. Election Campaign Finance			May Be
City & State					City & State				Trust Fund Contribution			to Fees	
23					28				7. Is this nonprofit corporation a homeowners association?  Yes No				
Zip		-	Country		Zip		Countr	у		8. This corporation owes or I		current year I	ntangible
24	9. Neme	25 and	Address of Curre	29 ent Regis	stered Agent		30			Personal Property Tax due  10. Name and Address of No.			<b>4</b> No
			7,00,000 0, 00111		Marao rigani		81	Т	Name	TO. INDITIO MITO MODITARE OF THE	M UPAINE	a Agent	
SMITH, ELNORA								+	Street Addre	ess (P.O. Box Number is Not Acc	antable)		<del></del>
3671 NW 26TH ST							L	L	Olloot Addie	Ses (I .C. DOX Hulling is 140t ACC	opiane)		-
FT. LAU	DERDALE I	FL 33	3311				63	Ί					1
							84	1	City		F	<b>85</b> Zip	Code
11. Pursuant	to the provis	ions	of Sections 617.05	02 and 6	17.1508, Florida	Statute	s, the abov	/8-	named corpo	oration submits this statement for on's board of directors. I hereby			its registered
agent. I a	egistered ag ım familiar w	ith, a	or both, in the Stat nd accept the obli	gations o	da. Such change f, Section 617.0	e was a 503, Flo	utnorizea b rida Statute	y 1	the corporation	on's board of directors. I hereby	accept the a	ppointment a	s registered
SIGNATURE	Signature typed	or neie	ned name of registered a	nent and little	W applicable	(NOTE	Popletered An	ani	A planet up see de-	d when reinstating)	DATE		
12.		- P	OFFICERS A	<del></del>		(NOTE:	13.	10111	i egratus iedois	ADDITIONS/CHANGES TO		ND DIRECTO	PRS IN 12
TITLE	PFD				DELI	ETE	1.1 TITLE					☐ Change	
NAME			ER HENRY PAST	TOR			1.2 NAME		•				
STREET ADDRESS	744 N V						1.3 STREE						
CITY-ST-ZIP TITLE	FT. LAU SD	DEH	DALE FL	<del>.</del>	☐ D€LE	FTE	1.4 City-: 2.1 TiTLE	ST-	- ZIP			☐ Change	Addition
NAME	WRIGHT	. EV	RI ENE				2.1 TILLE 2.2 NAME					- Change	LI ADDITION
STREET ADDRESS	1511 NV						2.3 STREE	T AI	AORESS .				
CITY-ST-ZIP	FT. LAU						2.4 DITY-						
TITLE	TD				DELE	ETE	3.1 TITLE	·				☐ Change	Addition
NAME	ALLEN,						3.2 NAME						
STREET ADDRESS	1101 NV						3.3 STREE	î Al	DORESS				
CITY-ST-ZIP	LAUDER	HILL	<u>. FL</u>				3.4. CITY-	ST-	- ZIP				
TITLE					☐ DELE	t I <b>k</b>	4.1 TITLE					Change	Addition Addition
STREET ADDRESS							4.2 NAME		000000				
CITY-ST-ZIP							4.3 STREE						
TITLE					DELE	TE	4.4 CITY - S 5.1 TITLE	51-	ZIF		······································	Change	Addition
NAME							5.2 NAME						
STREET ADDRESS							5.3 STREET	FAL	DORESS				
CITY-ST-ZIP							5.4 CITY-1						
TITLE	<u>-</u>				☐ DELE	TE	6.1 TITLE				<del></del>	☐ Change	Addition
NAME							6.2 NAME		ł				
STREET ADDRESS							6.3 STREET	AE	DORESS				
CITY ST. TIP							6 A CITY O	•	7ID				

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.

**FILED** 

Apr 29 1998 8:00am

Secretary of State