2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 08:00 AM
Secretary of State

59-2641312 Not Applied 5. Certificate of Status Desired \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent EFFMAN, BERNARD 6325 ANGUS ROAD LAKE WORTH, FL 33467 IN THIS SPACE			TEI OILI	<u></u>		α ′	4 30 -	CO.	
DO NOT WRITE IN THIS SPACE Applied For Sequence agent and death agreement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and according from the obligations of registered agent.	1. Entity Name					Secre	tary	of State	
DO NOT WRITE IN THIS SPACE A. FEI Number S. Certificate of Status Desired Pos 2641312 No. Applied For 59-2641312 S. Certificate of Status Desired S8.75 Additional Fee Required S8.75 Additional Fee Required S25 ANGUS ROAD S25 ANGUS ROAD S25 ANGUS ROAD Supplied For 1990 Part Supplied For 1990 Part	6325 ANGUS	S ROAD	6325 ANGUS ROAD		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	l ZZEM BYZM INZERZ ZIMZ MZM	Karan araw ant	TK EKRU BYTK BYLINTK EK KEU	
6. Name and Address of Current Registered Agent EFFMAN, BERNARD 6325 ANGUS ROAD LAKE WORTH, FL 33467 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accidence of the obligations of registered agent. SIGNATURE Signature, yield or predict name of implicence agent and file if agelcable. (NOTE, Registered Agent signature required when reinstailing) DATE FILING Fee is \$61.25 Due by May 1, 2005 10. OFFICERS AND DIRECTORS 10. O	DO NOT WRITE IN THIS SPA			CE	01052005 No Chg-NP				
EFFMAN, BERNARD 8325 ANGUS ROAD LAKE WORTH, FL 33467 8. The above framed antity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and according actions of registered agent. SIGNATURE Signature. Typed or private name of registered agent and fife il upolicable. RICHE. Registered Agent dignature required when reinstating) DATE FILING Fee is \$61.25 Due by May 1, 2005 10. OFFICERS AND DIRECTORS Trust Fund Contribution. TREE ADDRESS FREET ADDRESS G325 ANGUS ROAD G77-ST-2P LAKE WORTH, FL 33467 TILL DRAWAE GRANTHAM, KIRK SIREET ADDRESS G17-ST-2P LAKE WORTH, FL 33467 TILL DRAWAE GRANTHAM, KIRK SIREET ADDRESS G17-ST-2P LAKE WORTH, FL 33467 TILL DRAWAE GRANTHAM, KIRK SIREET ADDRESS G17-ST-2P LAKE WORTH, FL 33467 TILL DRAWAE GRANTHAM, KIRK SIREET ADDRESS G17-ST-2P LAKE WORTH, FL 33466 THIS SPACE IN THIS SPACE		6. Name and Address of Current Re	gistered Agent		<u>!</u>			, ea modemos	
the obligations of registered agent. SIGNATURE Signature Sig	EFFMAN, BERNARD 6325 ANGUS ROAD								
Due by May 1, 2005 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ITTLE DP NAME STREET ADDRESS G325 ANGUS ROAD LAKE WORTH, FL 33467 ITTLE DS STREET ADDRESS CITY-ST-ZIP LAKE WORTH, FL 33467 ITTLE D NAME STREET ADDRESS CITY-ST-ZIP LAKE WORTH, FL 33467 ITTLE D NAME GRANTHAM, KIRK GRANTHAM, KIRK GRANTHAM, KIRK GRANTHAM, KIRK TREET ADDRESS GITY-ST-ZIP WEST PALM BEACH, FL 33406 ITTLE NAME STREET ADDRESS	SIGNATURE								
TITLE DP NAME EFFMAN, BERNARD STREET ADDRESS CITY-S1-ZIP LAKE WORTH, FL 33467 TITLE DS STREET ADDRESS CITY-S1-ZIP LAKE WORTH, FL 33467 TITLE D NAME EFFMAN, MERYL STREET ADDRESS CITY-S1-ZIP LAKE WORTH, FL 33467 TITLE D NAME GRANTHAM, KIRK STREET ADDRESS CITY-S1-ZIP WEST PALM BEACH, FL 33406 TITLE NAWE STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	,				.00 May Be led to Fees				
TITLE DS (IMMO):34400 (IMMO):34	TITLE NAME STREET ADDRESS	DP EFFMAN, BERNARD 6325 ANGUS ROAD	RECTORS						
NAME STREET ADDRESS GRANTHAM, KIRK 1860 FOREST HILL BOULEVARD WEST PALM BEACH, FL 33406 DO NOT WRITE IN THIS SPACE STREET ADDRESS	NAME STREET ADDRESS CITY-ST-ZIP	EFFMAN, MERYL 6325 ANGUS ROAD LAKE WORTH, FL 33467				01/100 01/25/05	019440 -80101	0 -001 61.25	
,	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	GRANTHAM, KIRK 1860 FOREST HILL BOULEVARD							

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

IGNATURE AND TYPED OF FRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20 05 Date 24-266-57) Z Daytime Phone #