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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mertham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # N08253

(9)

FILED Apr 04 1997 8:00am Secretary of State

		Mailing Address 14540 S.W. 136TH ST. #2	200				
					3. Date Incorporated or Qualifier		
Disal D	Name of Davidson	10 1120 1120			03/20/1985	03/2	6/1996
2. Principal Place of Business		2a. Mailing Address			4. FEI Number 65-0530609	-	Applied For Not Applicab
Suite, Apt.	#, elc.	Suite, Apt. #, etc.				\$8	.75 Additional
2		27			5. Certificate of Status Desired		Fee Required
City & Stat	е	City & State			6. Election Campaign Financing	_ ~	5.00 May Be
3]	T Country	28	Causta		Trust Fund Contribution		dded to Fees
Zip J	Country	Zip	Country 30	у	This corporation has liability for Florida Statutes	or intangible tax u Yes 🄀 No	
	[25] 9. Name and Address of Current	29 Registered Agent	1301		10. Name and Address of New		
			81	Name			
THOMPSON, LESLIE				12 Street Address (P.O. Box Number is Not Acceptable)		Jehle)	
	W 136TH ST #200			Oli bel Al	dates (1.0. box Nambal is Not Accep	1000)	
MIAMI F	L 33186		63	}			
			84	City			Zip Code
•				'		FL	
DIRCE OF I		A FIORIDA GUCH CHARIDE WAS	s authorized b	y the corpo	ration's board of directors. I hereby acc	cept the appointm	יסוסופועסו פס זווס
	am familiar with, and accept the obligat				orporation submits this statement for the ration's board of directors. I hereby acc equired when reinstating)	DATE	on as registered
SIGNATURE 2.	Signature: typed or printed name of registered agent	and title if applicable. (NC	OTE: Registered Ag			DATE FICERS AND DIRE	CTORS IN 12
SIGNATURE . 2. ITLE	Signature Typed or printed name of registered agent OFFICERS AND PD	and title if applicable. (NC	TE: Registered Ag 13. 1.1 T(TLE	ent signature re	equired when reinstating)	DATE FICERS AND DIRE	
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I. I do hereby certify that the information supplied with this filling does no duralify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report is supplemental annual apport 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 or Block 14 or Bloc

SIGNATURE

LATURE AND TYPECION PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-91

(302) 535-166