FILED

Secretary of State

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SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N14701

(9)

THE FLORIDA SECTION OF THE AMERICAN NUCLEAR SOCI

IT INCOMPONATED											
Principal Place of Business Malling Address						****				E THE STATE OF THE	
C/O JOHN WEAVER NT02 15760 POWERLINE RD (FL POWER CORP) CRYSTAL RIVER FL 34428-6708					C/O JOHN WEAVER NT02 15780 W POWER LINE RD (FL POWER CORP) CRYSTAL RIVER FL 34428-6708					3. Date Incorporated or Qualified  05/02/1986  4. FEI Number  Applied For	
US US										4. FEI Number Applied For Not Applicable	
<u> </u>					a. Malling Address					5. Certificate of Status Desired \$8.75 Additional	
21	Suite, Apt. #, etc.				Sulte, Apt. #, etc.					Fee Required	
22	_ ' ' ' '				27					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
_	City & State				City & State					7. Is this nonprofit corporation a homeowners association?  Yes X No	
23	Zip	lp Country			Zip Country						
24	Σip	25 29			Zip	30				This corporation owes or has paid the current year Intengible     Personal Property Tax due June 30.  Yes X No	
		9. Name	and Address of Curr		stered Agent	1001	1			10. Name and Address of New Registered Agent	
							81	Name			
1	WEAVER, JOHN R						62	Street	et Address (P.O. Box Number is Not Acceptable)		
15760 W POWER LINE RD											
(	CRYSTAL	RIVER FL :	34428				83				
							84	City		FL 85 Zip Code	
11.	Pursuant t	to the provision	ons of sections 617.050	2 and 61	7.1508, Florida Statute	s, the abo	ve-na	amed oc	rporatio	on submits this statement for the numose of changing its registered	
	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 appointment as registered agent. I am familiar with, and accept the obligations of, section 617.0503, Florida Statutes.										
SIGNATURE											
		Signature, typed	or printed name of registered a				red Ag	ent signatu	re require	d when reinstating) DATE	
12. TITL		00	OFFICERS	AND DIRE		13. 1,1 Ti	T) E		1 7 7	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAM	1	CD	IOUN B		DELETE	1.1 () 1.2 N/			Re	Tulenko, Jumes \ Change \ Addition	
NAME WEAVER, JOHN R STREET ADDRESS 15760 W POERLINE RD								ADDRESS	No	iversity of Fluridu	
	CRYSTAL RIVER FL				1.4 CI				Can	inesville, Fl. 32611	
TITL		VD	1010111		DELETE	2.1 TI			1 1//	)	
NAM					(25)	2.2 NAN			Pi	Ke, Walter J.	
STR	STREET ADDRESS 15760 W POWERLINE RD				2.3 \$1			ADDRESS	15	Ke, Walter J. Change   Addition   760 W. Powerline Rd.	
CITY-ST-ZIP CRYSTAL RIVER FL						2.4 CIT			CI	rystal River FI.	
TITU	ITLE TO				DELETE					Change Addition	
NAM	NAME MOKEE, PAUL F					3.2 NA			]		
	STREET ADDRESS 15760 W POWERLINE RD					3.3 STREET ADDRESS			1		
					_	3.4 CITY-ST-ZIP			<b>K</b>		
TITU	_	S	ARADIZ W		<b>⊠</b> DELETE			5	3	Change Addition	
	AME AVERETT, MARK W.  IREET ADDRESS 15760 W POWERLINE ROAD					4.2 NAME 4.3 STREET ADORE		1	underly, Blair P. 5760 W. Powerline Rd		
	TY-ST-ZIP CRYSTAL RIVER FL				1	4.4 CITY-ST-ZIP		1 /	rystal River, Pl		
TITLE		SHOTH	7 17 1 Mg 1 1 7 Mg		DELETE	5.1 10		<u></u>	<u> </u>	Change Addition	
NAM						5.2 NA			1	Citalina Divogatili	
STRE	EETADDRESS					5.3 ST	REET	ADDRESS	l		
CITY	-ST-ZIP					5.4 CF	TY-ST-	-ZIP	}		
TITL	E				DELETE	6.1 1	TLE			Change Addition	
NAM	E				<del></del>	6.2 NA	ME				
STRE	EET ADDRESS					6.3 ST	REET	ADDRESS	)		

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.

8.4 CITY-ST-ZIP

CITY-ST-ZIP