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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

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2. Principal P	lace of Busin	ness		Mailing Addr			-0.4	, ,	4. FE	Number				Applied For
21			26 7			4U1 7	KH L	4		59-2363441				ot Applicable
Suite, Apt.	#, etc.			Suite, Apt. #,	etc.				5. C	ertificate of Status Des	sired		<b>,</b> - · · · -	Additional Required
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23	~		28		HARL	OTTO	_		ľ	ust Fund Contribution	-			to Fees
Zıp		Country	3	295	2	Court	•		17 .8	is corporation has lia	bility for In	tangible t	ax under	s. 199.032,
24		25	29	TL		30 <b>(3)</b> A	RLOT	TE		orida Statutes	-	Yes [	-	
	9. Name	and Address of Curre	ent Registe	red Agent			т		10. N	ame and Address of	New Reg	latered A	gent	
						81	Name	1						
LENZNER, RICHARD W.								Addres	ss (P.O	Box Number is Not A	Acceptable	9)		
4055- TAMIAMI TRAIL PT. CHARLOTTE FL 33952						B3							···	
PI. UR	MALONE F	L 33932												
•						84	City					FL	85 Zip	Code
11. Pursuant	to the provis	ions of Sections 617.05 jent, or both, in the Stat	02 and 617	1508, Florid	da Statute	s, the abov	e-named	corpor	ration s	ubmits this statement	for the pu		changing	its registered
office or r	registered ag sm familiar wi	jent, or both, in the Stat th, and accept the obli	te of Florida idations of, S	ı. Such chanı Section 617 i	ige was at 0503, Elor	uthorized b	y the cor	poration	n's boa	rd of directors. I here	by accept	the appo	ointment a	s registered
						rida Statute	8.							
SIGNATURE				0001101110111	.0000, 1101	rida Statute	8.							1
SIGNATURE	Signature typed	or printed name of registered a	igen) and title if a	applicable.		: Registered Aç	8.	a required			eo office	DATE	DIDECTO	
12.		or printed name of registered a	igen) and title if a	applicable.	(NOTE:	: Registered Aç	8.	teriupen e		istating) DITIONS/CHANGES 1	TO OFFICE			
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12. TITLE NAME STREET ADDRESS	PD BAKER, - 22278 \	OFFICERS AF SHIRLEY NCK ST 103	igen) and title if a	applicable.	(NOTE:	13. 1.1 TITLE 1.2 NAME 1.3 STREE	ent signatur	e required			TÖ OFFICE			
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SIGNATURE

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 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 certify that the information indicated on this amphal 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

**FILED** 

Feb 10 1997 8:00am

Secretary of State