## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

Principal Place of Business 365 S.DIXIE HWY. P.O.BOX 8501	)44!	Mailing Address  365 S.DIXIE HWY. P.O.BOX 8501 DEERFIELD BEACH FL	. 33441	-				
365 S.DIXIE HWY. P.O.BOX 8501 DEERFIELD BEACH FL 3:  2. Principal Place of Busin 21 Suite, Apt. #, etc.	)44!	385 S.DIXIE HWY. P.O.BOX 8501 DEERFIELD BEACH FL	. 33441					
365 S.DIXIE HWY. P.O.BOX 8501 DEERFIELD BEACH FL 3:  2. Principal Place of Busin 21 Suite, Apt. #, etc.	)44!	385 S.DIXIE HWY. P.O.BOX 8501 DEERFIELD BEACH FL	33441		T HERRITOL DEL PROVI INGLIA CINGLI DELLA		AN ONON BURN 1981	
P.O.BOX 8501 DEERFIELD BEACH FL 3: 2. Principal Place of Busin 21 Suite, Apt. #, etc.		P.O.BOX 8501 DEERFIELD BEACH FL	. 33441		1			
Suite, Apt. #, etc.	ess			DO DOM DED				
Suite, Apt. #, etc.	ess	T			3. Date Incorporated or Qualified 10/20/1986	3a. Date of Las 04/06/		
Suite, Apt. #, etc.		2a. Mailing Address	Address		4. FEI Number	04,00	Applied For	
99					60.75		Not Applicable	
—;··I		27		5. Certificate of Status Desired		5 Additional Required		
City & State		City & State		6. Election Campaign Financing		00 May Be		
Zip Country		Zip Country		Trust Fund Contribution Added to Fees  8. This corporation has liability for intangible tax under s. 199.032,				
24 25 29 9. Name and Address of Current Reg		29 Registered Apont	30		Florida Statutes			
J. Marile	and Address of Carrell	negistered Agent	81	Name	10. Name and Address of New Re	gistered Agent		
STUBBS, CARROLL B.,JR. 600 S.W. 14TH CT. DEERFIELD BEACH FL 33441			82		ess (P.O. Box Number is Not Acceptable			
					ess (F.O. box Number is Not Acceptable	)		
			83	<b>'</b>				
			84	,			p Code	
<ol> <li>Pursuant to the provisi- or registered agent, or</li> </ol>	ons of Sections 617,0502 a	nd 617.1508, Florida Statute	es, the above	named corpor	ation submits this statement for the purpo d of directors. I hereby accept the appoin	· ·	egistered office	
familiar with, and accep	ot the obligations of, Section	617.0503, Florida Statutes	ed by the com	ocration's boar	of directors. Thereby accept the appoin	ntment as registered	agent. I am	
SIGNATURE Signature, typed	or printed name of registered agent an	totle if applicable (NiO	TE: Remotored Ann	nt signature require:				
12.	OFFICERS AND I		13.	n signar die regune.	ADDITIONS/CHANGES TO OFFICE	DATE ERS AND DIRECTO	DRS IN 12	
THILE D	11170	DELETE	1 1 TITLE			Change	Addition	
	STUBBS, JAMES  TADORESS 1006 CONGRESSIONAL WAY		1.2 NAME					
	LD BCH FL		1.4 CITY - 5	FADDRESS				
TITLE PD		DELETE	21 TITLE	31-21		Change	☐ Addition	
	, JONATHAN, JR.		2 2 NAME					
STREET ADDRESS 600 NW CITY-ST-ZIP PLANTA	46TH AVE		2 3 STREET					
DILE D	IION FL	DELETE	2 4 CITY - 1 3 1 TITLE	ST-ZIP		<b>—</b>		
JONES,	PRINCE		3.2 NAME			☐ Change	☐ Addition	
	. 1ST TERR.		3 3 STREET	ADDRESS				
CITY-ST-ZIP DEERFIE	LD BCH FL	DELETE	3 4. CITY - 5	St - ZIP				
00	CARROL B.	LIULLETE	4.1 TITLE 4. 2 NAME			Change	☐ Addition	
	14TH CT.		4.2 NAME	ADDRESS				
	LD BCH FL		4.4 CITY-S					
ITLE D	DEM IALINA	DELETE	5 1 TITLE			☐ Change	Addition	
TREET ADDRESS 550 NW	BENJAMIN 21ST CT		5.2 NAME	ADDDECC				
1	O BEACH FL		53 STREET 54 CITY - S					
OTLE		DELETE	61 TITLE	. L4		☐ Change	Addition	
AME			6 2 NAME			<u> </u>		
TREET ADDRESS ITY-ST-ZIP			63 STREET					
4. I do hereby certify that the	ne information supplied with	this filing is voluntarily furnis	64 CITY-\$1 hed and does	<del></del>	the exemption stated in Section 119.07(	20112 - 12 - 22 - 22 - 22		

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.