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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N18156

(2)

Principal Plac %CORTLEY MA 6253 SW 62 CC	e fletcher Ourt	Ma %CC 6253	iling Address Ortley Mae Fletch ISW 62 COURT	ER							
MIAMI FL 33143	J	MIAMI FL 33143-2124			3. Date Incorporated 12/09/198			e of Las 3/27/	t Report 1996		
	Place of Business	2a.	Mailing Address			7	4. FEI Number	v.			Applied For
21]	W -42	26	C.3. A-1 # -1-				65-027390	D			Not Applicable
Suite, Apt	#, etc.	27	Suite, Apt. #, etc.				5. Certificate of Stat	us Desired			5 Additional Required
City & Stat	0	<b>)</b>	City & State				6. Election Campaig	_			O May Be
23	I Country	28	Zip	Con	untry		Trust Fund Contri		<u> </u>		ed to Fees
Zip <b>24</b>	Country	29	Zip	30	ai itry		This corporation I     Florida Statutes			ax unde ] No	er s. 199.032,
24]	9. Name and Address of Curren		ered Agent	130	Г		10. Name and Addre				
					B1	Name					
FLETCH	ER, BISHOP W				82	Street Add	dress (P.O. Box Number is	Not Accepted	ole)		
	V 62 COURT								, 		
miami fi	L 33143				[B3]						
					84	City	······································			85 2	ip Code
42.5			7 4500 50-11-00-1						<u>FL</u>	<u> </u>	
agent. La	to the provisions of Sections 617,050 registered agent, or both, in the State am familiar with, and accept the oblige	ations of	A ALT ATAL F								
SIGNATURE	Signature, typed or printed name of registered age						uired when reinstating)		DATE		
12.	OFFICERS AND	ent and title li	f applicable (NC	OTE Registere	d Agen				DATE	DIRECT	ORS IN 12
<b>12</b> . TITLE	OFFICERS AND	ent and title li	f applicable. (NC	OTE Registerer 13.	d Agen		uired when reinstating)		DATE		ORS IN 12
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4. 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 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 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.

SIGNATURE:

SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

129197 345, 665-9 Date Devime Phone # 003005

May 20 1997 8:00am

Secretary of State