## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State \* DÍASION OF CORPORATIONS

## **FILED** May 06 1997 8:00am Secretary of State

DOCUMENT #

1. Corporation Name

тистраі Ріас	e of Business	Mailing Address					
	Krome Avenue 1. FL 33030	Same					
Homestead, FL 33030 U.S.					1	3s. Date of Last Report 04/26/1996	
	Place of Business	2a. Mailing Address		4. FEI Number 59–2810036	<del></del>	pplied For	
Suite Apt	#. etc	Suite, Apt. #, etc.			60.75	lot Applicable Additional	
]		27		5. Certificate of Status Desired	7	lequired	
City & Stati	e	City & State		6. Election Campaign Financing		May Be	
Zip	Country	<b>28</b>	Country	Trust Fund Contribution  8. This corporation has liability for		to Fees s. 199.032.	
<u> </u>	25	29	30	Florida Statutes	Yes No		
	9. Name and Address of Cur	rrent Registered Agent	81 Name	10. Name and Address of New F	tegistered Agent		
) <b>N</b>	Walana 1 T			JOHN W MHOD			
	Michael L.		82 Street A	Address (P.O. Box Number is Not Accept	able)		
	Krome Avenue 1. FL 33030		83	48 10 12 21			
lomestead	1, FL 33030		84 City		les 7in	Code	
			[ ]	Itomer tead		Code	
I. Pursuant	to the provisions of Sections 617.	0502 and 617.1508, Florida Statute	es, the above-named	corporation submits this statement for the oration's board of directors. I hereby acc	purpose of changing	its registered	
agent La	registered agent, of both, in the of	oligations of, Section 617.0503, Flo	orida Statutes.	oration's board of directors. The say acc	opt the appointment at	a registered	
GNATURE .	Jam W Sam		Registered Agent signature	45	4/10/97	·	
<u></u>	Signatur - lyged or printed name of registered	AND DIRECTORS (NOTE	Registered Agent signature	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTO	RS IN 12	
ıE		X DELETE	1.1 TITLE	DT	(X) Change		
ME	DT LIDIUDDIMNUD ADAT		1.2 NAME				
RET ADDRESS	WINEBRENNER, OPAL		1.3 STREET ADDRESS	WINEBRENNER, OPAL			
Y-St-ZiP	177 West Mowry Homestead, FL		1.4 CITY-ST-ZIP	47 North Krome Avenue Homestead, FL 33030			
LF	IS	<b>X</b> DELETE	2.1 TITLE	DS	Change	Additio	
ME	KATON, JOANNE		2.2 NAME	RODRIGUEZ, DOROTHY			
REF I ADDRESS	177 West Mowry		2.3 STREET ADDRESS	47 North Krome Avenue			
1Y - \$1 - 7IP	Homestead, FL	DELETE	2.4 CITY-ST-ZIP 3.1 TITLE	Homestead, FL 33030	X Change	Additio	
TLE IME	DP	X Detrie	3.2 NAME	DP .	LA CHARGO		
REET ADDRESS	TABB, ANNE		3.3 STREET ADDRESS	WILLIAMS, TIM			
Y ST ZIP	177 West Mowry		3 4. CITY-ST-ZIP	47 North Krome Avenue			
LE	Homestead, FL	<b>X</b> DELETE	4.1 TITLE	Homestead, FL 33030	Change	Additio	
UME	DVP WILLIAMS, TIM W.		4. 2 NAME	DVP KATON, JOANNE			
REFT ADDRESS	177 West Mowry		4.3 STREET ADDRESS	47 North Krome Avenue	Λ		
[Y-S] · 7/F	Homesteed, FL	☐ DELETE	4.4 CITY+ST-ZIP 5.1 TITLE	Homostead, FL 33030	// □ Change	Additio	
LE I		C prorit	5.2 NAME		11 -11		
AME   Ree I adoress			5 3 STREET ADDRESS		145/11	1 U 4	
TY-ST ZIP			5.4 CITY-ST-ZIP		7/17 4	( /	
lif		☐ DELETE	6.1 TITLE		U ☐ Change	Additio	
AME			6.2 NAME	0000021 -05/03/9701	<u> 7</u> 5990		
REE1 ADORESS			63 STREET ADDRESS	-05/09/9701	1067022		
1Y-S1-ZIP		- Control of the Allies - Annual Control	6.4 CITY-ST-ZIP	***70.00	to the state of	****	
<ul> <li>I do herei informatic</li> </ul>	by certify that the information support indicated on this annual report	pried with this filling does not purif or supplemental annual report	y for the exemption st rue and accurate and	ated in Section 119.07(3)(i), Florida Statu that my signature shall have the same le- eport as required by Chapter 617, Florida	tes. I further certify that gal effect as if made u	it the nder oath; th	
l am an o appears i	officer or director of the corporation in Block 12 or Block 13 if changes	n or the receiver or waster earliew d. or on an attachment with second	erea io execute this ri fress/	eport as required by Chapter 617, Florida	lotatutes; and that my	HITIBIT	
		- ////////////////////////////////////	. / 1	by Williams 4/14	7.02		