FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT #

(1)

FARQUHARSON ACLF INC.

Principal Place of Business	Mailing Address	
EVELYN FAROHARSON 4363 NW 202ST MIAMI FL 33055	EVELYN FAROHARSON 4363 NW 2028T MIAMI FL 33055-1529	

FILED Apr 04 1997 8:00am Secretary of State



EVELYN FAROHARSON 4363 NW 202ST	EVELYN FAROHARSON 4363 NW 2028T				
MIAMI FL 33055	MIAMI FL 33055-1529		3. Date Incorporated or Qualified 08/19/1987	3a. Date of Last Report 04/27/1996	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
21 Every tarquirarsso	26 H 363NU	2032	NOT APPLICABLE	Not Applicable	
Suite, Apillit, etc. 22 43634W 2025	Sylte, Apt. #, etc.	resset	5. Certificate of Status Desired	S8.75 Additional Fee Regulred	
City & State Ch myla	City & State	ada	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Country 25 Dade			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No		
9. Name and Address of Current			10. Name and Address of New Re	gistered Agent	
		81 Name			
FARQUHARSON, EVELYN		82 Street A	ddress (P.O. Box Number is Not Acceptab	ile)	
4363 NW 202ST			5(199) Auditos (F.O. Box Mulhiber is Not Acceptable)		
MIAMI FL 39255		83			
MINAMI I E OBEOD		94 65.		85 Zip Code	
		84 City		FL 85 Zip Code	
 Pursuant to the provisions of Sections 617.0502 office or registered agent, or both, in the State of ager from familiar with, and accept the obligation. 	of Florida. Such channe was authori	ized by the corpo	orporation submits this statement for the poration's board of directors. I hereby accept	urpose of changing its registered of the appointment as registered	
SIGNATURE Signature, typed or printed name of registered agen	ALL REPORTS (NOTE Reals	stared Agent signature re	equired when reinstating)	DATE	
12. OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12	
TITLE P/T.		.1 TITLE	DINECTON	Change Addition	
NAME FARQUHARSON, EVELYN	U I	.2 NAME	FUELUN FAKOUR	AKSON_	
STREET ADDRESS 4363 NW 202ST	1.	3 STREET ADDRESS	11263NW 20	257 roes	
CITY-ST-ZIP MIAMI FL	1.	.4 CITY - ST - ZIP	Zarak minar	A 38055	
TITLE VDP -		.1 TITLE	Directatory	Change Addition	
NAME PARKINSON, KEITH	2 كير	2 NAME	Is the Parkings	zv. 4	
STREET ADDRESS 4363 NW 202ST	2	3 STREET ADDRESS	30193 SW. 19	051	
ST-ZIP MIAMI FL	أأحسر وريوني فالوالي المناوفات	. 4 CITY-ST-ZIP	m 110 231	<i>ቅግ</i>	
TITLE SD		31 TITLE	Directator	ON / L-vience	
NAME FARQUARSON, DAVID		2 NAME	mulia Inada	Marson, 11	
STREET ADDRESS 4363 NW 202ST	3	3 STREET ADDRESS	1002 5000 500	Rusht-	
CITY-ST-ZIP MIAMI FL	8	14. CITY-ST-ZIP	N. Mune 33	1403	
TIME		1.1 TITLE	11/1/400/22 53	Change Addition	
NAME	4	1. 2 NAME			
STREET ADDRESS	4	1.3 STREET ADDRESS	Programme Control of the Control of	·•	
CITY-ST-ZIP	14	4.4 CITY-ST-ZIP	·	* <u> </u>	
TITLE		5.1 TITLE	- f:	Change Addition	
NAME .	5	5.2 NAME			
STREET ADDRESS	5	5.3 STREET ADDRESS		l	
СЛУ-SI-ZIP		5.4 CITY-ST-ZIP			
TITLE		6.1 TITLE		Change Addition	
NAME	6	6.2 NAME			
STREET ADORESS	. f	6.3 STREET ADDRESS			
CITY-ST-ZIP	.	6.4 CITY-ST-ZIP			
14. Ldo hereby certify that the information supplied			ated in Section 119.07(3)(i), Florida Statute	s. I further certify that the	

I have a supplied with this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it 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.