NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

FILED Aug 18, 1999 8:00 am Secretary of State

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US		US					I (BEII/E) BIR 1004C BURIL BIRDI	### WEST #1911 BIOLD	0,611 81211 011	
2. Principal P	lace of Business	2a. Mailin	g Address				3. Date Incorporated or Qualif 01/21/1988	ed .		
21		26	A - C - M - A				4. FEI Number		TAN	plied For
Suite, Apt.	. #, elc.	27 Suite,	Apt. #, etc.				59-2870807			Applicable
City & Stat	to	City &	State						\$8.75 A	dditional
23		28	_		-	·	,5. Certificate of Status Desired		Fee Re	quired ·-
<u>Z</u> p _	Country	Zip	,	Coul	ntry		6. Election Campaign Financir	rg □	\$5.00	· ·
24	25	29		30			Trust Fund Contribution		Added t	o Fees
	9. Name and Address of Cur	rent Registered A	Agent		81 N	ame	10. Name and Address of New	a Lagistolan v	Aaut	
	A 101111 E									
	S, JOHN F.			,	82 St	treet Addre	iss (P.O. Box Number is Not Acce	ptable)		
	TH EOLA DRIVE D FL 32801			- {	83					
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11. Pursuant	to the provisions of Sections 817.0	0502 and 617.1500	8, Florida Statute	s, the at	ove-na	med corpo	pration submits this statement for i	he purpose of c	hanging its ment as rec	registered istered
11. Pursuant office or I agent. I &	to the provisions of Sections 817.1 registered agent, or both, in the Stam familiar with, and accept the obl	0502 and 617.1500 ate of Florida, Suci ligations of, Section	8, Florida Statute h change was au n 617.0503, Flor	s, the all thorized ida Statu	by the	med corpo corporation	ration submits this statement for I n's board of directors. I hereby ac	he purpose of co cept the appoint	hanging its ment as reg	registered pistered
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14. I 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 ennual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I arri 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 of an attachment with an address, with all other like empowered.

SIGNATURE: __

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