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Apr 22 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N25199** (3)

1. Corporation Name

OPERATION RESTORATION, INC.



Principal Place of Business 4501 SPRUCE AVE WEST PALM BEACH FL 33407 US	Mailing Address 4501 SPRUCE AVE WEST PALM BEACH FL 33407-3860 US
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3. Date Incorporated or Qualified **03/03/1988** 3a. Date of Last Report **05/01/1996**

21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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4. FEI Number **65-0097336** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent ARCHER-STANEY, LORNA 4501 SPRUCE AVE WEST PALM BEACH FL 33407	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0508, Florida Statutes.

SIGNATURE *Lorna Stanley* 4/14/97 DATE

12. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> DELETE
NAME	WATERMAN, DORRETT
STREET ADDRESS	5285 MARCIA PL
CITY-ST-ZIP	W PALM BEACH FL
TITLE	S <input type="checkbox"/> DELETE
NAME	MONTOSH, MARCELLA
STREET ADDRESS	1089 NBENOIST FARMS RD 301
CITY-ST-ZIP	W PALM BEACH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	HENRIQUEZ, LASCELLES
STREET ADDRESS	12725 KINGSWAY RD.
CITY-ST-ZIP	WELLINGTON FL
TITLE	D <input type="checkbox"/> DELETE
NAME	JACKS, GRAHAM
STREET ADDRESS	302 RIVERSIDE DRIVE
CITY-ST-ZIP	PALM BCH GARDEN FL
TITLE	D <input type="checkbox"/> DELETE
NAME	BELL, MICHAEL
STREET ADDRESS	1346 12TH FAIRWAY
CITY-ST-ZIP	WELLINGTON FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	STANLEY, LORNA ARCHER
STREET ADDRESS	5285 MARCIA PLACE
CITY-ST-ZIP	W. PALM BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MARCEL VAN MORKHOVEN
1.3 STREET ADDRESS	9231 SUN POINTE DR.
1.4 CITY-ST-ZIP	BOYNTON BEACH, FL 33437
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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.

SIGNATURE: *Lorna Stanley* 4/14/97 361-687-1599
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0040499

CR2E037 (9/96)