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

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT #

C. C.							
Principal Place of Business		Malling Address					
1901 TAMIAMI TRAIL PUNTA GORDA FL 33950 PUNTA GORDA FL 33950 PUNTA GORDA FL 33950			)			3. Date Incorporated or Qualified  06/19/1989  4. FEI Number Applied For	
						NOT APPLICABLE Not Applicable	
2. Principal Place of Business 2a. Mailing Address						5. Certificate of Status Desired S8.75 Additional	
25     26						Fee Required	
Suite, Apt. #, etc. 27						Election Campaign Financing     Trust Fund Contribution     Added to Fees	
City & State City & State						7. Is this nonprofit corporation a homeowners association?	
23 28						☐ Yes 🔀 No	
Zip	Country 25	Zip Cou 29 30			,	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.   ★ Yes No  No  No  No  No  No  No  No  No  No	
	9. Name and Address of Curre					10. Name and Address of New Registered Agent	
				81	Name		
LLEWELLYN, RICHARD				62	Street Ad	ddress (P.O. Box Number is Not Acceptable)	
1901 TAMAMI TRAIL							
PUNTA GORDA FL 33950				83			
				84	City	FL 85 Zip Code	
11. Pursuant	to the provisions of Sections 617.050	02 and 617,1508. Florida Stat	utes, the a	bove	e-named c		
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 617.0503, Florida Statutes.							
SIGNATURE							
	Signature, typed or printed name of registered ag			d Age	ent signature re	quired when reinstating) DATE	
12.	OFFICERS AN	ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P DISTRIBUTE PROBLEMS	DELETE	1.1 1		-	Change Addition	
NAME	LLEWELLYN, RICHARD		1.2 N				
STREET ADDRESS	ss   1901 TAMIAMI TRAIL PUNTA GORDA FL			1.3 STREET ADDRESS 1.4 City-St-Zip			
CITY-ST-ZIP TITLE	D D	DELETE	2.1 Ti		I-ZIP	☐ Change ☐ Addition	
NAME	FREELAND, CHRIS	Carlo Section	2.2 N				
STREET ADDRESS	da da materiale materiale			ADDRESS			
CITY-ST-ZIP	Allian Affre MAROOD EL				ST-ZIP	₩k 54	
TITLE	D	DELETE	3.1 T			Change Addition	
NAME	WERNER, GEORGE	-	3.2 N	AME			
STREET ADDRESS	1110 SO TAMIAMI TRAIL		3.3 S	TAEET	ADDRESS		
CITY-ST-ZIP	PUNTA GORDA FL		3.4. 0	ITY-S	ST-ZIP		
TITLE	0	DELETE	4.1 T	TLE		☐ Change ☐ Addition	
NAME	SHERIFF, FRANK		4.21	AME			
STREET ADDRESS	1252 TAMIAMI TRAIL		4.3 \$	reet	ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE FL				T- ZtP		
TITLE	0	☐ DELETE	5.1 TI			Change Addition	
NAME	STEVE WESTPHAL		5.2 N		ĺ		
STREET ADDRESS	2021 S. TAMIAMI TRAIL				ADDRESS		
CITY-ST-ZIP	PUNTA GORDA FL	DELETE	5.4 0		T-ZIP	☐ Change ☐ Addition	
TITLE			6.1 TO			LI CHANGE (LI ADDITION	
NAME DANCEZ ADDOCCOO			6.2 N		4000000		
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP			0.4 U	11-5	T-ZIP		

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 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 13 if changed, or on an attackment with an address.

**FILED** 

Mar 12 1998 8:00am

Secretary of State