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NONPROFIT CORPORATION **ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(9)

FILED
May 19 1998 8:00am
Secretary of State

1880 N CONGRESS AVE P O BOX 20829 WEST PALM BEACH FL 33401 US 2. Principal Piace of Business 28 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25 9, Name and Address of Current Registered Spent and Editions of Sections 617.0502 and office or registered agent, or both, in the State of Flor agent. I am familiar with, and accept the obligations of Signature. Signature. Typed or printed name of registered agent and titt. Signature. Typed or printed name of registered agent and titt.	Suite, Apt. #, etc. City & State Zip Jatered Agent 617.1508, Florida Statute rida. Such change was a of, Section 617.0503, Florida Statute	Country 30 81 Nan 82 Stre 83 84 City	reet Address (P.O. Box Number is Not Acceptable) ty FL 85 Zip Code
P O BOX 20629 WEST PALM BEACH FL 33401 US 2. Principal Place of Business 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 24 25 9, Name and Address of Current Regis BRION JACQUES 1860 N CONGRESS AVE W PALM BEACH FL 33401 11. Pursuant to the provisions of Sections 617.0502 and to office or registered agent, or both, in the State of Flor agent. I am familiar with, and accept the obligations of SIGNATURE Signature, typed or printed memo of registered agent and the office. Signature, typed or printed memo of registered agent and the office. Signature, typed or printed memo of registered agent and the office. Signature, typed or printed memo of registered agent and the office. Signature, typed or printed memo of registered agent and the office. OFFICERS AND DIRE	A. Mailing Address a. Mailing Address Suite, Apt. #, etc. City & State Zip Jetered Agent 617.1508, Florida Statute rida, Such change was a of, Section 617.0503, Florida Statute rida, Section 617.0503,	Country 30 81 Nan 82 Stre 83 84 City	10/24/1989 4. FEI Number 65-0170481 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 7. Is this nonprofit corporation a horneowners association? Yes No 8. This corporation owes or has paid the currept year Intangible Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent arme reet Address (P.O. Box Number is Not Acceptable)
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11. Pursuant to the provisions of Sections 617.0502 and office or registered agent, or both, in the State of Flor agent. I am lamiliar with, and accept the obligations of SIGNATURE Signature, typed or printed name of registered agent and title.		11.	FL 171
SIGNATURE Signalure, typed or printed name of registered agent and titl 12. OFFICERS AND DIRE		11.	FL 171
SIGNATURE Signalure, typed or printed name of registered agent and titl 12. OFFICERS AND DIRE		es, the above-name outhorized by the corida Statutes.	med corporation submits this statement for the purpose of changing its registered
SIGNATURE Signalure, typed or printed name of registered agent and titl 12. OFFICERS AND DIRE		rida Statutes.	corporation's hoard of directors. I bereby accept the appointment as registered.
Signature, typed or printed name of registered agent and titl 12. OFFICERS AND DIRE			or portation a court of an october. Thorough account the appointment as registered
12. OFFICERS AND DIRE	te if applicable (NOTE	Registered Acent sinns	gnature required when reinstating) DATE
		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE PD	☐ DELETE	1.1 TITLE	Change Addillon
NAME BRION, JACQUES		1.2 NAME	
STREET ADDRESS 1860 N CONGRESS AVE		1.3 STREET ADDRES	RESS
CITY-ST-ZIP WEST PALM BEACH FL 33401		1.4 CITY-ST-ZIP	
TITLE VD	☐ DELETE	2.1 TITLE	Change Addition
HAME PARRISH, KENNETH		2.2 NAME	
STREET ADDRESS 1860 N CONGRESS AVE		2.3 STREET ADDRES	RESS
CITY-ST-ZIP WEST PALM BEACH FL 33401	T December 1	2.4 CITY-ST-ZIP	
TITLE STD	☐ DELETE	3.1 TITLE	Change Addition
NAME TOOMEY, ROBERT		3.2 NAME	200
STREET ADDRESS 1860 N CONGRESS AVE CITY-ST-ZIP WEST PALM BEACH FL 33401		3.3 STREET ADDRES	ſ
	DELETE	3.4. CITY-ST-ZIP	
	Car Date / C		
STREET ADDRESS			RESS
		4.4 CITY-ST-7IP	•
CITY-ST-ZIP TITLE	DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	Change Addition
CITY-ST-ZIP	DELETE		
C(TY-ST-ZIP	DELETE	5.1 TITLE	Change Addition
CITY-ST-ZIP TITLE NAME	L_I DELETE	5.1 TITLE 5.2 NAME	Change Addition
C(TY-ST-ZIP TITLE NAME STREET ADDRESS	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRES	Change Addition
C(TY-ST-ZIP TITLE NAME STREET ADDRESS C(TY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRES 5.4 CITY-ST-ZIP	Change Addition
TITLE	DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRES	☐ Change ☐

64 CITY-51-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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

561-231-5656