## FILE NOW: FILING FEE IS \$61.25--- 7

**NONPROFIT CORPORATION** ANNUAL REPORT

,1998

FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Apr 14 1998 8:00am Secretary of State

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	or mystic Poi		21 De						
Aventura, FL 3:3180									
Principal Place of Business Mailing Address						$\neg$			
						3. Date Incorpo	rated or Qualified		
						4. FEI Number			Applied For
						<u> </u>	16084=	<del>7-</del> 1	Not Applicable
<b>├</b>	Place of Business	2a. Mailing A	ddress			5. Certificate of	Status Desired	1 \$8.7	5 Additional
21		26				er continuate of			Required
Suite, Apt	t.#,etc.	Suite, Apt	#, etc.			6. Election Cam	paign Financing	\$5.0	O May Be
22	· ·	27				Trust Fund Co			d to Fees
City & Sta	ite	City & Sta	ite			7. Is this nonpro	fit corporation a homed		ation?
23	Country	28		0				es 🔲 No	
Zip <b>24</b>	Country	Zip	-	Country			on owes or has paid th		
24	25 9. Name and Address of Curre	[29]		io]			perty Tax due June 30.	☐ Yes	□ No
				81	Name -	10, Name and Ai	ddress of New Regist	ered Agent	
Sanford Reinhard, P.A.					Name				
2875 NE 191st Street				82	Street Add	ress (P.O. Box Number	er is Net Acceptable)		
suite 404							×		
_			2 - 10	83					
Ne	orth Miami Bei	ach, fl:	22121	0   84	City		<u> </u>	- 85 Z	ip Code
									· I
11. Pursuant office or	to the provisions of Bections 617.050 registered agent, or both, in the State Uliar with, and accept the oblig	02 and 617.1508, Fig e of Florida, Such ch	orida Statutes, iange was aut	, the above	named corporate	poration submits this s	statement for the purpo	se of changing	g its registered
agent.	lliar with, and account the oblig	ptions of Section 6	17.0503, Florig	Statutes		MICH & DORIG OF GIRECTO	is. Thereby accept the	appointment :	as registered
		/////	~ ~				01/1:	100	
SIGNATUR							1/ 6/	L.Z Y	
`	our jure, typed or printed rianin of rogisterod ago		(NOTE: F		n: signature requ	red when reinstating)	7/8	ms (	
12.	C OFFICERS AN	ID DIRECTORS		13.		ADDITIONS/CH	ANGES TO OFFICERS		
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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 (changed, or on an attachment with an addless.

**SIGNATURE**