FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Bandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 **DOCUMENT** #

% REV CHARLES T. BRUSCA 679 SW 17 CT	% REV CHARLES T. BRUSCA 679 SW 17 CT
BOCA RATON FL 33486	BOCA RATON FL 33486
2. Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State

FILED Apr 14 1998 8:00am Secretary of State



Principal Place of Business Mailing Address				# INNSTITUT ODD AININ EININ AIREN INNIN HOUS DIEST DIOLS FINIS HINN DIDLI FROI			
% REV CHARLES T. BRUSCA % REV CHARLES T. BRUSCA		ISCA			3. Date Incorporated or Qualified		
679 SW 17 CT 679 SW 17 CT					01/19/1990		
BOCA RATON FL 33486 BOCA RATON FL 33486							
						59-2387861 Not Applicable	
2. Principal Place of Business 2a. Mailing Address 26						Certificate of Status Desired S8.75 Additional Fee Required	
1 Suite, Apt. #, etc. 1 Suite, Apt. #, etc.					6. Election Campaign Financing \$5.00 May Be		
27					Trust Fund Contribution Added to Fees		
City & State					7. Is this nonprofit corporation a homeowners association?		
23 Zip	Country	28	- 60	untry		☐ Yes ☑ No	
24	25	29	30	Oi iti y		8. This corporation owes or has pald the current year intantible Personal Property Tax due June 30. Yes Mo	
	9. Name and Address of Cu		1901	1		10. Name and Address of New Registered Agent	
				81	Name)	
BRUSCA	L, CHARLES T. REV			82	Ctrool	t Address (P.O. Box Number Is Not Acceptable)	
679 SW				**	Oli eel 1	Address (F.C. Box Number is Not Acceptable)	
BOCA R	ATON FL 33486			83			
				84	City	FL 85 Zip Code	
11. Pursuant	to the provisions of Sections 617.	0502 and 617,1508. Florida Stati	ites, the a	-avode	named		
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							
12.		AND DIRECTORS	13.	BO MON	arghatore	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	DELETE		TITLE		☐ Change ☐ Addition	
NAME	BRUSCA, CHARLES T.		1.21	NAME			
STREET ADDRESS	679 SW 17 CT		1.3 5	STREET AL	DORESS		
CATY-ST-ZIP	BOCA RATON FL		1.40	CITY-ST-	ŽIP		
TITLE	D	☐ DELETE	2.1 T	TITLE		☐ Change ☐ Addition	
HAME	CSABI, DIANNE		2.21	NAME			
STREET ADDRESS	9573 EL CLAIR RANCH RO	DAD	2.3 5	STREET AD	ORESS		
CITY-ST-ZIP	BOTNTON BEACH FL		2.41	CITY-ST-	ZIP	,,,	
TITLE	D	DELETE	3.11	TITLE		D Change Addition	
NAME	GOEURY, CAROL A.		3.2 6	NAME		BENDER, ROBERT E	
STREET ADDRESS	1345 SW 9TH AVE		3.3 5	STREET AC	DRESS	1 1	
CITY-ST-ZIP	BOCA RATON FL			CITY-ST-	ZIP	WEST PALM BEACH, FL	
TITLE		☐ DELETE	4.11			☐ Change ☐ Addition	
NAME				NAME			
STREET ADDRESS				STREET AL			
CITY-ST-ZIP		☐ DELETE		CITY-ST-	ZIP	Change Addition	
TITLE		C Decese	5.11			LJ Clarge LJ Addition	
MAME				IAME			
STREET ADDRESS				STREET AC			
CITY-ST-ZIP	·····	DELETE		CITY-ST-I	ZIP	Change Addition	
NAME				NAME		Critical Charge T Moniton	
STREET ADDRESS			1	VAME STREET AC	natee		
CITY-ST-ZIP				STY-ST-			
ALL CILER			0.41	, , , , , , , , , , , , , , , , , , ,	6.17		

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 cath; 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:

561-391-8385