FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

Principal Place of Business	Mailing Address	
200 N. TAMIAMI TRAIL STE. J VENICE FL 3428S US	200 N. TAMIAMI TRAIL STE. J VENICE FL 34285 US	
2. Principal Place of Business	2a. Mailing Address	
21	28	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
22	27	
City & State	City & State	
23	28	

FILED Apr 30 1998 8:00am Secretary of State

|--|--|

M

Applied For

\$8.75 Additional

Fee Required

Not Applicable

3. Date Incorporated or Qualified

59-3119419

5. Certificate of Status Desired

05/02/1990 4. FEI Number

Suite, Apt. #, etc. Suite, Apt. #, etc. 27			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
	City & State City & State			7. Is this nonprofit corporation a ho	710000101000		
23	1 0	28			Yes No		
— ^{Ζiρ}	Country	Zip	Country	8. This corporation owes or has pa	id the current year Intangible		
24	25	[29]	30	Personal Property Tax due June			
	9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent						
	•••		81 Name	n m Dalton			
HAMILTON, PAUL			82 Street Ad	82 Street Address (P.O. Bex Number is Not Acceptable)			
200 N. TAMIAMI TRAIL				140 E Mami Auc			
31L. 3			83	83			
VENICE FL 34285			84 City	10,000	FL 85 70000		
11. Pursuant	to the provisions of Sections 617 0502	and 617 1508 Florida Statut	as the shove-named co	Jenice			
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 agen	t and tille if applicable (NOT)	: Registered Agent signature req	ulred when reinstaling)	DATE		
12.	OFNCERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition		
NAME	HAMILTON, PAULN		1.2 NAME		ļ		
STREET ADDRESS	200 N. TAMIAMI TRAIL, STE	1	1.3 STREET ADDRESS				
CITY-ST-ZIP	VENICE FL		1.4 City-St-Zip				
TITLE	D	DELETE	2.1 TITLE		☐ Change ☐ Addition		
NAME	DALTON, M. M.		2.2 NAME				
STREET ADDRESS	140 E. MIAMI AVE		2.3 STREET ADDRESS				
CITY-ST-ZW	VENICE FL		2. 4 CITY - ST - ZIP				
TITLE	D	DELETE	3.1 TITLE		Change Addition		
NAME	HERRON, SAMUEL H., JR.		3.2 NAME				
STREET ADORESS	437 S. TAMIAMI TR.		3.3 STREET ADDRESS				
CITY - ST - ZIP	VENICE FL		3.4. CITY - ST - ZIP				
TITLE		☐ DELETE	4.1 TITLE		Change Addition		
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition		
NAME			5.2 NAME		ľ		
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY+ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE		Change Addition		
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				
	ertify that the information supplied wit	h this filing does not qualify to		n Section 119 07(3)(i) Florida Statutes 11	withor partify that the information		

indicated on this annual report or supplied with this limit does not quality for the exemptor stated in Section 119.07(3)(), Florida Statutes. 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: