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Feb 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N38693** **(0)**

1. Corporation Name
DISTRICT 14 INTERGROUP/CENTRAL OFFICE, INC.

Principal Place of Business	Mailing Address
24 SW HOLLYWOOD BLVD SUITE 7 FT WALTON BEACH FL 32549 US	C/O NORMAN C. STANLEY P O BOX 836 FT. WALTON BEACH FL 32549

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip / Country	Zip / Country
24 / 25	29 / 30

3. Date Incorporated or Qualified: 06/20/1990

4. FEI Number: 59-3048303 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BRUENNING, LEONARD E JR
24 SW HOLLYWOOD BLVD
SUITE 7
FORT WALTON BEACH FL 32548

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

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 agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BRUENNING, LEONARD E JR		1.2 NAME		
STREET ADDRESS	117 BAYSHORE COURT		1.3 STREET ADDRESS		
CITY-ST-ZIP	FT. WALTON BEACH FL		1.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	2.1 TITLE	TD	☑ Change ☐ Addition
NAME	LESTER, LINDA A		2.2 NAME	ELANOR ARCEMONT	
STREET ADDRESS	813 WAGON WHEEL RD		2.3 STREET ADDRESS	902 HOLBROOK CIRCLE	
CITY-ST-ZIP	FT WALTON BCH FL		2.4 CITY-ST-ZIP	FORT WALTON BEACH, FL 32547	
TITLE	SD	☐ DELETE	3.1 TITLE	SD	☑ Change ☐ Addition
NAME	SHEERAN, CHRIS		3.2 NAME	MAYES, JOSEPH	
STREET ADDRESS	917 EMILY CIR		3.3 STREET ADDRESS	410 BRISTOL COVE	
CITY-ST-ZIP	FORT WALTON BEACH FL		3.4 CITY-ST-ZIP	MARY ESTHER, FL 32569	
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		
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		

CR2E037 (10/97)

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: _____ Feb 17, 1998 850 729-6497