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NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

FILED
May 27 1998 8:00am
Secretary of State

Principal Place of Business Mailing Address		
636 LAKEWICOE CIACLE EACT 636 LAKEWICOSE CIRCLE EAST 3. Date Incorporated or Qualified		
DELRAY BEACH, FL 33445 DELRAY DEACH, FL 33445 12-4-90		
45 - 023 3 ± 33	h	pplied For
2 Principal Plane of Business 2a Mailing Address		ot Applicable
21 26 5. Certificate of Status Desired		Additional equired
Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Election Campaign Financing	\$5.00	
27 Trust Fund Contribution		
City & State City & State 7. Is this nonprofit corporation a homeo	owners association	on?
23 28 28	es 🗆 No	
Zip Country Zip Country 8. This corporation owes or has paid the	ne current year In	tangible
24         25         29         30         Personal Property Tax due June 30		No No
Name and Address of Current Registered Agent     10. Name and Address of New Register     81 Name	ered Agent	
SANOS, TRVING		
I BZ ( Street Address (P.C), Hox Number is Not Acceptable)	*****	
636 LAKEWOODE CIRCLE EAST		
DELRAY BEACH, FL 33445		
	- 85 Zip	Code
;		
	FL 00 20	lo sociotosod
11. Pursuant to the provisions of Sections 617.0502 and 617.1508. Florida Statutes, the above-named corporation submits this statement for the purpo- 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	se of changing if	Is registered registered
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11. Pursuant to the provisions of Sections 617 0502 and 617. 1508. Florida Statutes, the above-named corporation submits this statement for the purporation of the origistered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  Signature, typed or printed name of legistered agent and life. I applicable (NDTE Registered Agent signature required when renstang) DA  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS  IIILE  NAME  SANOS, TRYING  SIREET ADDRESS  CITY-ST-2IP  DELETE  11 TITLE  O DELETE  21 TITLE  NAME  SANOS, HARRIETT  22 NAME  STREET ADDRESS  CITY-ST-2IP  DELETE  21 TITLE  OFLIRAY BEACH, FL 33445  14 CITY-ST-2IP  DELETE  23 STREET ADDRESS  CITY-ST-2IP  DELETE  31 TITLE  OFLIRAY BEACH, FL 33445  12 CITY-ST-2IP  TITLE  DELETE  31 TITLE  DELETE  31 TITLE  DELETE  41 TITLE  DAMAE  SANOS, RICHARD M,  32 NAME  STREET ADDRESS  CITY-ST-2IP  RALINGTON, MA 02174  DELETE  41 TITLE  DAMAE  SANOS, DAVID E.  SIREET ADDRESS	ose of changing it appointment as  ATE  G AND DIRECTOR  Change	Addition
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14. Thereby 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 changes, or on an attachment with an address.

SIGNATURE:

IGNATURE AND TYPED OR PRINTE

INTED NAME OF SIGNING OFFICER OR DIRECTI

SANDS

5/9/98

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