## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 20 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

N41309

(8)

AMOCO DEALERS CHILDREN'S MIRACLE NETWORK, INC.

Principal Place of Business Mailing Address				r skarsjen pir aran 11000 irrif anira sam drahi dibit atam aran bibit aran aran bibit aran 11004	
SUITE 216	OMMERCIAL BLVD.	C/O 3890 W. COMMERCIAL BLVD. SUITE 218			3. Date Incorporated or Qualified 12/18/1990
TAMARAC FL 33309		TAMARAC FL 33309			4. FEI Number Applied For
					65-0233250 Not Applicable
2. Principal Pi	ace of Business	2a. Mailing Address 28			Certificate of Status Desired     \$8.75 Additional     Fee Required
Sulte, Apt. (	#, etc.	Suite, Apt. #, etc.			8. Election Campaign Financing \$5.00 May Be
22 Ch. 2 Clata		City & State			Trust Fund Contribution Added to Fees
City & State	'	28			7. Is this nonprofit corporation a homeowners association?
<b>23</b> Zip	Country	<del></del>	Zip Country		8. This corporation owes or has paid the current year Intangible
24	25		30	•	Personal Property Tax due June 30. Yes Y No
	9. Name and Address of Curren		<del></del>		10. Name and Address of New Registered Agent
			8	1 Name	ne
URBIETA	. WILLIE		9	2 Stroot	et Address (P.O. Box Number is Not Acceptable)
	COMMERCIAL BLVD		82 Street Add		et Address (F.O. Dox (Number is 190) Addeptable)
STE 216			8	3	
	DERDALE FL 33309		8	4 City	■■ 85 Zip Code
			"		FL 85 Zip Code
11. Pursuant t	o the provisions of Sections 617.050	2 and 617.1508, Florida Statutes	s, the abo	ve-name	ed 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 age	<del></del>		gent signatu	ture required when reinstating) DATE
12.	OFFICERS AN	····	13.	···	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D SWENDEDO (OF	<b>∐</b> DELETE	1.1 TITLE		Change Addillon
NAME	EIKENBERG, JOE	•••	1.2 NAM		
STREET ADDRESS	600 CORPORATE DR SUITE S	000		et address	S
CITY-ST-ZIP TITLE	FT LAUDERDALE FL D	DELETE	1.4 CITY		D
NAME	11-01-0-0-0-1-1-1-1-1-1-1-1-1-1-1-1-1-1		2.2 NAMI		*
STREET ADDRESS	12305 GARDEN DR.			: Et address	DAVID PASSMORE S 9701 SUNSET DR
	COOPER CITY FL		2.4 CITY		MIAMI PC 33173
CITY-ST-ZIP TITLE			3.1 TITLE		Change Addition
NAME	URBIETA, WILLIE		3.2 NAM		
STREET ADDRESS	3890 W. COMMERCIAL BLVD.	#218	3.3 STRE	et address	s
CITY-ST-ZIP	TAMARAC FL	, , , , , ,	3.4. CITY		
TITLE	<u> </u>	DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAM	Ε	1
STREET ADDRESS	· ·		4.3 STRE	ET ADDRESS	s
CITY-ST-ZIP			4.4 CITY	ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAM		
STREET ADDRESS			5.3 STRE	et address	S
CITY-ST-ZIP			5.4 CHY		
TITLE		DELETE	6.1 TITLE		Change Addition (
NAME			6.2 NAME		
STREET ADDRESS				ET ADDRESS	S
City-St-ZIP	ortify that the information as Antice we	th this filing does not qualify for	6.4 CITY	ST-ZIP	plad in Spotian 118 07/3/(i) Elopida Statutas I further partity that the information
14. Thereby certify that the information supplied with this fiting 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 eccurate properties to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapters or on applications with example of the same appears.					
Block 12 or Block 13 if changed or on an artifachmen with an address.					