

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N41438 (5)
1. Corporation Name
TONYCELY FAMILY HOME, INC.

FILED

98 OCT 27 PM 2:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address
8984 S.W. 25 STREET 8984 S.W. 25 STREET
MIAMI FL 33165 MIAMI FL 33165

3. Date Incorporated or Qualified

12/24/1990

4. FEI Number

65-0233138

Applied For
Not Applicable

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

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

6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution 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

10. Name and Address of New Registered Agent

TOWERS, ANTHONY
8984 S.W. 25 STREET
MIAMI FL 33165

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 ☐ DELETE
NAME P T
STREET ADDRESS TOWERS, ANTHONY
CITY-ST-ZIP 8984 S.W. 25 STREET
MIAMI FL 33165
TITLE ☐ DELETE
NAME S
STREET ADDRESS TORRES, RICARDD E
CITY-ST-ZIP 8984 S.W. 25 STREET
MIAMI FL 33165
TITLE ☒ DELETE
NAME S
STREET ADDRESS ROSALES, MARLYN
CITY-ST-ZIP 8984 S.W. 25 STREET
MIAMI FL 33165
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME "PT"
1.3 STREET ADDRESS TOWERS, ANTHONY
1.4 CITY-ST-ZIP 8984 SW 25 ST
MIAMI FL 33165
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME "D"
2.3 STREET ADDRESS TORRES, RICARDO
2.4 CITY-ST-ZIP 8984 SW 25 ST
MIAMI FL 33165
3.1 TITLE ☐ Change ☒ Addition
3.2 NAME "D"
3.3 STREET ADDRESS MEDINA, OLGA
3.4 CITY-ST-ZIP 7142 SW 13 TERR
MIAMI FL 33144
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS 100002678691--2
4.4 CITY-ST-ZIP -11/03/98--01024--013
*****61.25 *****61.25
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

[Signature]

7/25/98

CR2E037 (10/97)