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NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

N42824

(5)

FILED
Apr 06 1998 8:00am
Secretary of State

	TED NON-PROFIT HOUSIN				
Principal Plac	e of Business	Mailing Address			
4610 CENTRAL AVE P O BOX 2911 TAMPA FL 33603 TAMPA FL 33601			3. Date Incorporated or Qualified		
		US		04/04/1991 4. FEI Number	4
				A	Applied For Not Applicable
2. Principal P	lace of Business	2a. Mailing Address		59-3189150	
21		26		6. Certificate of Status Desired	\$8.75 Additional Fee Required
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		Election Campaign Financing Trust Fund Contribution	\$5.00 May 8e Added to Fees
City & State	8	City & State		7. Is this nonprofit corporation a homeov	
23		28		Yes	. •
Zip	Country	Zip	Country	8. This corporation owes or has paid the	coventyear Intangible
24	25	29	30	Personal Property Tax due June 30.	No
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Registe	red Agent
			81 Name		
	R, GEORGE A.		82 Street Ad	ddress (P.O. Box Number is Not Acceptable)	
4610 CE	INTRAL AVE				
TAMPA !	FL 33603		83		
			84 City		85 Zip Code
					FL
II. Pursuant	to the provisions of Sections 617.03	OZ BIIO 617.1508, FIORIDA SIBIL	ules, the above-harned c	corporation submits this statement for the purpor	se of changing its registered
	m familiar with, and accept the obli	e of Florida, Such change was gations of, Section 617.0503, F	s authorized by the corpo Florida Statutes.	orporation submits this statement for the purpor oration's board of directors. I hereby accept the	appointment as registered
agent. I a	m familiar with, and accept the oblig		authorized by the corpo forida Statutes. TE: Registered Agent signature re	oquired when reinstating) DA	TE
SIGNATURE .	Signature, typed or printed name of registered at OFFICERS AT	gent and title if applicable. (NC ND DIRECTORS			TE AND DIRECTORS IN 12
SIGNATURE .	Signature, typed or printed name of registered at OFFICERS AI	gent and title if applicable. (NC	DTE: Registered Agent signature re	oquired when reinstating) DA	TE
SIGNATURE .	Signature, typed or printed name of registered at OFFICERS AT DP SIGISMUND, STANLEY P	gent and title if applicable. (NC ND DIRECTORS	DTE: Registered Agent signature re	oquired when reinstating) DA	TE AND DIRECTORS IN 12
SIGNATURE . 12. TITLE	Signature, typed or printed name of registered at OFFICERS AT DP SIGISMUND, STANLEY P 8006 GREENSHIRE DR	gent and title if applicable. (NC ND DIRECTORS	DTE: Registered Agent signature re 13. 1.1 TITLE	oquired when reinstating) DA	TE AND DIRECTORS IN 12
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report is program accurate and that my signature shall have the same legal effect as if made under oath; that I am a trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in with an address.

SIGNATURE:

3-30-98