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Apr 30 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 # **N44492** (9)
1. Corporation Name
GAS INSTITUTE OF SOUTH FLORIDA, INC.



Principal Place of Business Mailing Address
225 N.W. BENTLEY CIRCLE
PORT ST. LUCIE FL 34986

3. Date Incorporated or Qualified
07/30/1991

4. FEI Number
59-1147746

Applied For
Not Applicable

2. Principal Place of Business 2a. Mailing Address

21 **1563 - S.W. HARBOUR ISLE CIR** 26 **1563 - S.W. HARBOUR ISLE CIR**
Suite, Apt. #, etc. Suite, Apt. #, etc.

22 **PORT ST. LUCIE, FLA** 27 **PORT ST. LUCIE, FLA**
City & State City & State

23 **34986** 25 **34986** 28 **34986** 30 **34986**
Zip Country Zip Country

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

AUTORINO, ANTHONY
225 N.W. BENTLEY CIRCLE
PORT ST. LUCIE FL 34986

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	JORDAN	1.2 NAME	D. BROWING
STREET ADDRESS	2850 NW 24ST	1.3 STREET ADDRESS	437 KROME AVE
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	HOMESTEAD FL, 33030
TITLE	VD	2.1 TITLE	VD
NAME	ENNIS, KATRINO	2.2 NAME	D. BRAW
STREET ADDRESS	437 ROME AVE	2.3 STREET ADDRESS	5201 N.W. 9TH AVE
CITY-ST-ZIP	HOMESTEAD FL	2.4 CITY-ST-ZIP	FT. LAUDERDALE, FL, 33309
TITLE	STD	3.1 TITLE	STD
NAME	MARTIN, PETER J	3.2 NAME	LI HORTON
STREET ADDRESS	101 NW 202 TERR	3.3 STREET ADDRESS	16101 W. DIXIE HWY
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	MIAMI, FL 33152
TITLE	ED	4.1 TITLE	ED
NAME	AUTORINO, A	4.2 NAME	AUTORINO, A
STREET ADDRESS	225 N.W. BENTLEY CIRCLE	4.3 STREET ADDRESS	1563 - S.W. HARBOUR ISLE CIR
CITY-ST-ZIP	PORT ST. LUCIE FL 34986	4.4 CITY-ST-ZIP	PORT ST LUCIE, FL 34986
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.	
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SIGNATURE: **A. Autorino** **A. Autorino** **ED** **2-25-98** **54-879-9294**

CR2E037 (10/97)