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 #

(0)

THE CLAN PETER SOCIETY FOUNDATION, INC.

FILED												
Mar 09 1998 8:00am												
Secretary of State												

11.20		0001211100	110/11/	014) 1140											
Principal Place of Business				Mailing Address					f 100/1111 10/			/(1 		AR OVERH LOSS	
510 VONDERBI	URG DRIVE		510	510 VONDERBURG DRIVE					Date Incorpor	eted or Quali	ified		—		
SUITE 3000			SU	SUITE 3000					08/28/1		ingu				
BRANDON FL 33511 BRANDON FL 33511								4.	FEI Number	00 1			Apr	plied For	
									13-3633	3075			+	Applicable	
····	lace of Busines	28.	2a. Mailing Address					Certificate of S		a D	\$8.7	5 A	dditional		
21								Continuate of C	Jiaido Doono				quired		
Sulte, Apt. #, etc.				Suite, Apt. #, etc.				6.	Election Camp	_	-			lay Be	
City & State				City & State					Trust Fund Co		<u> </u>			Fees	
23				28					7. Is this nonprofit corporation a homeowners association?						
Zip	Country			Zip Cou			'	8.	This corporation	on owes or h			r Inta	naible	
24	25			29 30						oration owes or has paid the current year Intang Property Tax due June 30.					
9. Name and Address of Current Registered Agent									Name and Ad						
						B1	Name Co	Compr	ehensive	e Healt	h Plan	mers, 1	Inc	; •	
		SERVICES INC.				82	Street Add	dress (P	.Q. Box Numbe	er is Not Acc	eptable)				
	RTHEAST 187	th Str eet							derburg	Dr.					
SUITE 3						83	Sui	Lte 3	8000						
NORTH.	MIAMI BEACH	FL-83162				84	City					- 86 Z	Zip Ç	3511	
44 Duran	to the provided	of Continue C47 OF	00 and 6	17 (500 Florido Statu	tee the e		Bra	ando	n automita this s	talament for	the museum		<u>د</u>	3311	
office or r	edistered agen	or both, in the State	e of Flori	17/1508, Florida Statu da. Such change was 1, Section 617.0503, F	authorize	d by	the corporat	rporation ation's b	oard of directo	rs. I hereby	accept the	appointment	ig its	egistered	
	im familiar with	and acceptable oblic	ations of	, Section 617.0503, F	lorida Stal	tutes	s. of Compi	rehe	nsive He	olth D	lannar	re Inc	2	/27/00	
SIGNATURE .	Signature, taged or p	rinted ridme of registered at	erezend tille				nt signature requir			alti I	DAT			12//30	
12.		OFFICERS AN			13.				ADDITIONS/CH	ANGES TO (OFFICERS A	AND DIRECT	ORS	IN 12	
TITLE	PD			DELETE	1.1 TI	TLE						Chan	Qe	Addition	
NAME	PETER, EDWARD L.						1.2 NAME								
STREET ADORESS	ſ.	erburg drive, s	UITE 3000			1.3 STREET ADDRESS									
CITY-ST-ZIP	BRANDON	FL			1.4 CI	TY-S	T-ZIP							_	
TITLE	SD			☐ DELETE	2.1 Ti							☐ Chang	Q e	Addition	
NAME	PETER, RU			2.2 NA											
STREET ADDRESS		erburg drive, s	OUE 30				2.3 STREET ADDRESS								
CITY-ST-ZIP	BRANDON	PL		DELETE		_	ST-ZIP			~		☐ Chan		Addition	
TITLE NAME	D Warmflas	NAVID		C) DECERE	3.1 TI 3.2 N/	-						L CHANG	ño		
STREET ADDRESS	61 BROAD					_	ADDRESS								
CITY-ST-ZIP	NEW YORK						ST-ZIP								
TITLE	115-1 1 (111)	1 717		DELETE	4.1 TO		71-6IF				_	Chang	De	Addition	
NAME					4.2 N								•		
STREET ADDRESS					1		ADDRESS								
CITY-ST-ZIP						TY-S									
TITLE	<u> </u>			☐ DELETE	5.1 Tf							☐ Chang	ge	Addition	
NAME					5.2 N	AME						e (9	' _	
STREET ADDRESS					5.3 ST	REET	ADDRESS					7	اک_	,α	
CITY-ST-ZIP					5.4 CI	TY-S	T-ZIP						2	7,	
TITLE				DELETE	6.1 TI	TLE	7		800	0024	150	Chang	ge	Addition	
NAME	?				6.2 N/	ME	[9/980					
STREET ADDRESS					6.3 ST	REET	ADDRESS		***61.						
CITY-ST-ZIP		farmation and the first	dala al-i- d	lling does not qualify f		TY-S1		- C4'	- 110 07/07/0	Florida Oscar	- 12 - Al -		AL - 1	eform - 11	
			arn thic t		nr tha ave					museuma Statili		ar continuitment			

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 eath; that I am an officer or director of the corporation of the receiver or trustee empowere-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:

2/27/98

212-383-5300