FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

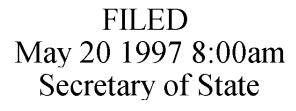
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

(3)

PRIVATE RAILROAD CROSSING PAINT STREET OWNERS AS SOCIATION, INC.





Principal Place	e oi busines	S	Maiii	Mailing Address					, , , , , , , , , , , , , , , , , , , ,					
7380 MURRELL ROAD				7380 MURRELL ROAD										
SUITE 201			SUITE 201											
VIERA FL 3294	0		VIERA FL 32940-7947					<u> </u> -	9 Data Incorporated as Qualified	Ta. 5.	()			
					:				 Date Incorporated or Qualified 10/02/1991 	3a. Dat	07/05			
2. Principal Place of Business				2a. Mailing Address				4. FEI Number		Applied Fr		olied For		
21 Culto Act 4 and			26				59-3114		59-3114317		-	-+	Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.					F. Contidents of Control Desired		S8.75 Additional			
22			27	27				- [5. Certificate of Status Desired			Fee Required		
City & State			, c	City & State					6. Election Campaign Financing \$5.00 Ma			May Ba		
23			28	28				1	Trust Fund Contribution			Added to Fees		
Zip	Country			Zip Cou					8. This corporation has liability for i	n has liability for intangible tax under s. 199.032				
24		25	29		30				Florida Statutes					
	9, Name	and Address of Current	Register	red Agent				1	0. Name and Address of New Re	gistered A	gent			
						81	Name	>						
RIAKE	R. MASON				,	82	04	4 8 .1.1	(0.0 D. N. + 1.1 N. + 1.1					
7380 MURRELL ROAD							Street	Address (P.O. Box Number is Not Acceptable)						
SUITE 201													···· ·· · · · · · · · · · · · · · · ·	
VIERA FL 32940														
VICTOR F	L 32870				•	84	City			FL	85	Zip C	ode	
44 Purcusni	to the provie	ione of Soctions 617 0503	2 ppd 617	1508 Elorido Stat	utos Ibo	above	. namee	d normana	tion submits this statement for the n		ob op o	ne ite	registered	
office or r	egistered ag	ent, or both, in the State	of Ftorida	Such change was	s authoriz	ed by	the cor	rporation's	tion submits this statement for the p s board of directors. I hereby accep	t the appo	intmer	nt as r	egistered	
agent. I a	ım familiar wi	th, and accept the obliga	tions of, S	Section 617.0503,	Florida St	atutes	÷.							
SIGNATURE														
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered A 12. OFFICERS AND DIRECTORS 13.								te tednited w	hen reinstating) ADDITIONS/CHANGES TO OFFIC	DATE FOR AND	DIOCC	TOD	2 IN 10	
TITLE	D	OTTIOE 113 AINC	DITLOT	DELETE		TITLE		- T	ADDITIONS/CHANGES TO OFFIC		Cha		Addition	
NAME	•	D MACON								'		iiųc	L ROUGION	
				1.2 NA										
				I !			ADDRESS							
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TITLE	D	D DAMP W		L) DELEVE		TITLE		-			Cha	inge	Addition	
NAME		R, DAVID W.				NAME								
STREET ADDRESS 270 PAINT ST.				1			ADDRESS							
CITY-ST-ZIP ROCKLEDGE FL						CITY- S	T - ZIP	-↓						
TITLE	D	*** ****		DELETE	3.1	TITLE					Cha	nge	Addition	
NAME	SCHEN				3.2	NAME								
STREET ADDRESS		E INDUSTRIAL PARK			3.3	STREET	ADDRESS							
CITY-ST-ZIP COCOA FL					3.4. CITY-S1-ZIP			<u> </u>						
TITLE				☐ DELETE	4.1	TITLE					Cha	nge	Addition	
NAME					4.2	NAME							ļ	
STREET ADDRESS					4.3	STREET	ADDRESS						ļ	
CITY-ST-ZIP					4.4	CITY-S	T-ZIP							
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NAME						NAME							į	
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NAME						NAME				'		g	,	
1							*DDDEEC							
STREET ADDRESS							ADDRESS						ŀ	
CITY-ST-ZIP	<u></u>				6.4	CITY-S	1-ZIP	1						

14. I do 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 equal 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 appears in Block 13 dranged, or on an attackment with an address.