SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25)

MOUNT DOE	M OK BEFORE 08/30/88: \$01.25 (IF L	JISSOLVEO, MINIMUM AMOUNT DU	E TO REINSTATE: \$236,25)				
NO	ONPROFIT 6	EI ODIDA DEI					
CORPORATION ANNUAL REPORT			FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State		FILED		
					LIFCA		
					and the first		
1998 DIVISION OF CORPO			OF CORPORATIONS	- (연기 <u>5</u> 한입 전	30 MI 7:55	•	
5001	MENT # NIACOT	7-1 (-T)					
DOCUMENT # N45671 (7)				THE THATSEF, FLORIDA			
				1 LL AHASSE, FLUKIUA			
HOBE SOUND FIRST AID FOUNDATION, INC.							
						8 8	
Principal Place of Business Mailing Address						~t> 00	
P. O. BOX 82 P. O. BOX 82				DEMSIAR	EMPN	44-77	
		HOBE SOUND FL 3347	5	10/18/1001		- q	
US		US	US			Applied For	
				4. FEI Number NOT APPLICA	RIF	Not Applicable	
2. Principal F	Place of Business	2a. Mailing Address		I I III ALLEGA			
21		-	26		Desired	\$8.75 Additional Fee Required	
Suite, Apt. #, etc.			Suite, Apt. #, etc.		Financing	\$5.00 May Be	
22			27		ition []	Added to Fees	
City & State		City & State			poration a homeowner		
23		28	28		Yes	No	
Zip	Country	Zip	Country	8. This corporation ow	es or has naid the cui	rrent year Intangible	
24	25	29	30	Personal Property T	· r	Yes No	
	9. Name and Address of Cui	rrent Registered Agent		10. Name and Address		Agent	
81 Name							
TAPLIN, NORMAN 82 Street Address (P.O. Boy Number is Not Acceptable)							
250 ROYAL PALM WAY							
SUITE 300							
DAIN PEACH EL 22400							
I NOM DO	101112 00-100		84 City		FI	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 nursose of changing its registered							
11. Pursuant to the provisions of sections 617.0502 and 617.1508, Figrida 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, hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 617.0503, Florida Statutes.							
\mathcal{L}							
SIGNATURE	Signature typed or printed name of registered	agent and title if applicable	(NOTE Registered Agent signature	required when reinstating)	DATE	11 1 1 0	
12.	OFFICERS	AND DIRECTORS	13.	ADDITIONS/CHANCE	ES TO OFFICERS AN	ND DIRECTORS IN 12	
TITLE	P	DELETE	1.1 THILE	D		Change K Addition	
NAME	MILLER, JAMES		1.2 NAME	Miller, Lec			
STREET ADDRESS	8389 S.E. CAMELLIA DR		13 STREET ADDRESS	8389 S.E. Ca	mellia Dr	ive	
CITY-ST-ZIP	HOBE SOUND FL		14 CITY-ST-ZIP	Hobe Sound,			
TITLE	DST	DELETE	2 1 TITLE			Change X Addition	
NAME	CARLSON, JEAN		2 2 NAME	D	_		
	7761-SE SHENANDOAH DR. 23 STREET ADDRESS			Maehlenbrock, Don			
	HOBE SOUND FL 24 CITY-ST-ZIP		24 CITY-ST-ZIP	7767 S.E. Continental Drive			
TITLE	D	DELETE	3 1 TITLE	"Hobe Sound, I	FL .	Change Addition	
NAME	OWENS, DIANA		3.2 NAME	Treasurer and			
STREET ADDRESS	8546 SE MARS ST.		3 3 STREET ADORESS	Alberta Bunne	-	Y	
CITY-ST-ZIP	HOBE SOUND FL		3.4 CITY-ST-ZIP				
TITLE	D	≥ DELETE	4 1 TITLE	7130 S.E. Blu		Change R Addition	
NAME	BLOSOM, JOHN		4.2 NAME	Hobe Sound,	1, 13		
STREET ADDRESS	8325 PINE HAVEN		4.3 STREET ADDRESS	300	002869) 8634	
	HOBE SOUND FL		4.4 CITY-ST-ZIP	-	-05/10/990	01130003	
ŤITL€		DELETE	5 1 TITLE		****297_50	Mehahate 2 17 Azellon	
MAR			5 2 NAME		1 7 7 7 2 2 2 7 7 7 2 2 2 2 2	changes &	
STREE ADORESS			53 STREET ADDRESS				
CITY-ST-Z			5.4 CITY-ST-ZIP				
TITLE		DELETE	61 TITLE			Change Addition	
NAME		becele	6 2 NAME			Orienge Mudition	
STREET ADDRESS			63 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 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 supplied with this filing does not qualify for the exemption stated in section 119 07(3)(ii), Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in section 119 07(3)(ii), Florida Statutes.							
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.							
- Hara Mills - 1909							
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Dale Dale Date Double Phone #							
	SIGNATURE AND TYPE	U LIN PRINTED NAME OF SIGNING OFFIC	ER ON DIRECTOR	Date:	D	laytime Phone #	