FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



SIGNATURE: VSIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

Principal Place					BURN BURN BURN BURN BURN BURN BERN
2665 NW 56TI HANGAR 54 FT. LAUDERDI		Marina A			
2665 NW 56TI HANGAR 54 FT. LAUDERDI		1 4-10- a 1 1			· #1881 81811 81811 81811 87811 81811 1881
HANGAR 54 FT. LAUDERDI		Mailing Address		T I INSTITUTE I III DESDE I BRISO DESIGNA DE IN	ALDEE BEDIT BEGIT BIBIT BEDIT BIBIT 1891
FT. LAUDERD	H ST.	2665 NW 56TH ST.			
	HANGAR 54				
	ALE FL 33309	FT. LAUDERDALE FL 3 US	3309	3. Data incorporated as Outlies	6 - D - 1
				3. Date incorporated or Qualified 04/28/1992	3a. Date of Last Report 08/24/1995
t. Principal Pla	ace of Business	2a. Mailing Address 26		4. FEI Number 65-0330711	Applied For
Suite, Apt. (#, etc.	Suite, Apt. #, etc.			Not Applicable 88.75 Additional
0.00.		27		3. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	28		Trust Fund Continuotion	Added to Fees
]	25	Z _i p	Gountry 30	8. This corporation has liability for intar	
l	9. Name and Address of Curren		[30]	Florida Statutes 10. Name and Address of New Regi	Yes No
			81 Name	10. Hame and Address of New Hegi	stereo Agent
ROBERTS	SON, TERRY N				
2665 N.W. 56TH ST.			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
HANGER			83		
	DERDALE FL 33305				
	,		B4 City		FL 85 Zip Code
1. Pursuant tr	o the provisions of Sections 617.0502	and 617.1508. Florida Statut	es the above named corpor	ration submits this statement for the surross	FL
or registere	ed agent, or both, in the State of Florid h, and accept the obligations of, Section	la. Such change was authoriz	ed by the corporation's boa	ration submits this statement for the purpos ird of directors. I hereby accept the appointr	e of changing its registered only ment as registered agent. I am
TOTAL TO	in, and at the doligations of, Sections	on 617.0503, Florida Statutes	Facult	Rahartean	1/0/9/2
IGNATURE ,	Signature, typed or prinled name of registered agent a	and title if applicable INC	ITE: Registered Agent lightfure require	d when reinstating)	DATE
2.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICE	
TLF	D	DELETE	1.1 TITLE		Change Addition
ME	DESALVO, JAMES		1.2 NAME		
REET ADDRESS	1020 NW 62ND STREET		1.3 STREET ADDRESS		
ry - ST - ZIP	FT. LAUDERDALE FL		1.4 CHY-ST-ZIP		
TLE	D	DELETE	2 1 TITLE		Change Addition
IME	ROBERTSON, TERRY N.		2 2 NAME		
REET ADDRESS	2665 N.W. 56TH ST. HANGER	54	2.3 STREET ADDRESS		
IY-ST-ZIP	FT. LAUDERDALE FL		2 4 CHTY - ST - ZIP		
i.E	D	☐ DELETE	3 1 TITLE		Change Addition
ME	BLACKFORD, BILL		3 2 NAME		
REET ADDRESS	1995 W COMMERCIAL BLVD		3 3 STREET ADDRESS		
Y-ST-ZIP	FT. LAUDERDALE FL		34 CITY-ST-ZIP		
LE		DELETE	4 1 TITLE		☐ Change ☐ Addition
ME			4 2 NAME		
REET ADDRESS			4.3 STREET ADDRESS		
Y-ST-ZIP			4 4 CITY-ST-ZIP		
LE		DELETE	5 1 TITLE	- 	Change Addition
ME			5 2 NAME		
REET ADDRESS			5 3 STREET ADDRESS		
Y-ST-ZIP		Therese	5 4 CITY - ST - ZIP		
LE {		DELETE	6 1 TITLE		☐ Change ☐ Addition
., 1			6.2 NAME		
ME REET ADDRESS			6.3 STREET ADDRESS		
REET ADDRESS	contifue that the info	MI All Committee	6.4 CITY - ST - ZIP		
REET ADDRESS Y-ST-ZIP I. I do hereby certify that I			64 CITY-ST-ZIP	or the exemption stated in Section 119.07(3 te and that my signature shall have the sam s report as required by Chapter 617, Flonda	