## 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 #** 

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(4)

TNESSES					
Principal Place of Business 4618 BRANDEIS AVE. ORLANDO FL 32639		Mailing Address  4618 BRANDEIS AVE.  ORLANDO FL 32839		3. Date Incorporated or Qualified  05/08/1992  4. FEI Number Applied For	
				NOT APPLICABLE	Not Applicat
2. Principal Place of Business		2a. Mailing Address 28		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
City & State		City & State		7. Is this nonprofit corporation a homeowned Yes	
Zip 24	Country 25	Zip	Country 30	This corporation owes or has paid the corporation owes or has paid the corporation of the part of	Yes No
	9. Name and Address of Cu	irrent Registered Agent		10. Name and Address of New Registered	d Agent
HARRINGTO 4618 BRAN ORLANDO			81 Name 82 Street A	oddress (P.O. Box Number is Not Acceptable)	
			84 City		85 Zip Code

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 .				
		OTE: Registered Agent signature re	<u> </u>	
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	
TITLE	PD DELETE	1.1 TITLE	Change	Addition
NAME	HARRINGTON, RALPH L.	1.2 NAME		
STREET ADDRESS	4618 BRANDEIS AVE.	1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP		
TITLE	VPD DELETE	2.1 TITLE	Change	Addition
NAME	WHITEHEAD, IRA G.	2.2 NAME		
STREET ADDRESS	4537 LIGUSTRUM WAY	2.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	2. 4 CITY-ST-ZIP		
TITLE	SD DELETE	3.1 TITLE	☐ Change	Addition
NAME	RICHARD, WILLIAM C.	3.2 NAME		
STREET ADDRESS	3933 WHITE HERRON DR.	3.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	3.4. CITY-ST-ZIP		
TIFLE	☐ DELETE	4.1 TITLE	☐ Change	Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE	DELETE	5.1 TITLE	☐ Change ☐	Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE	DELETE	6.1 TITLE	Change	Addition
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

**SIGNATURE:** 

MARCH 15,1998

**FILED** 

Apr 14 1998 8:00am

Secretary of State

Applied For Not Applicable