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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name N50824

(4)

<b>CONCERNED</b>	CITIZENS	ΛF	HIGHI AND	REACH	INC
CONCERNED	CHIZENS	UL	HIGHLAND	DENUM.	INU.

Principal Place	of Business	Mailing Address				
4105 S OCEAN BLVD HIGHLAND BEACH FL 33487 HIGHLAND BEACH FL		33487				
				3. Date Incorporated or Qualified 09/14/1992	3a. Date of La 01/20	,
2. Principal Pk	ace of Business	2a. Mailing Address		4. FEI Number		Applied For
Code A=1		26		65-0356620		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	- T	75 Additional e Required
City & State	<del></del>	City & State	<del> </del>	Election Campaign Financing		· · · · · · · · · · · · · · · · · · ·
3		28		Trust Fund Contribution		00 May Be ded to Fees
Zιρ	Country	Zip	Country	8. This corporation has liability for in	ntangible tax under	s. 199.032,
4	25	29	30		Yes W No	
	9. Name and Address of Curr	rent Registered Agent		10. Name and Address of New R	egistered Agent	
			81 Name			
CAYCE, KING 4105 S OCEAN BLVD			82 Street Ac	ldress (P.O. Box Number is Not Acceptable)		
			83			
HIGHLA	ND BEACH FL 33487		63			
			84 City		FL 85	Zip Code
or register	ed agent, or both, in the State of Fig	onda. Such change was authoriza	ed by the corporation's bo	poration submits this statement for the purporation of directors. I hereby accept the appo	pose of changing its pintment as registere	s registered office ed agent. Fam
	th, and accept the colligations of, Se	ection 617.0503, Florida Statutes				
SIGNATURE .	th, and accept the colligations of, Se	ection 617.0503, Florida Statutes	TE. Registered Agent signature requ	ured when reinstating)	DATE	
SIGNATURE.	Signature, typed or printed name of registered ag-	ection 617.0503, Florida Statutes		ured when reinstating) ADDITIONS/CHANGES TO OFFI		IORS IN 12
SIGNATURE	Signature, typed or printed name of registered ag-	ection 617.0503, Florida Statutes jent and little d'applicable (NO	rTE. Registered Agent signature requ			
SIGNATURE  12.  IIILE	Sgreture, typed or printed name of regretived ag OFFICERS A D BELL, LEONARD	action 617.0503, Florida Statutes pent and little of applicable (NO AND DIRECTORS	TE. Registered Agent signature requ		CERS AND DIREC	
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SIGNATURE  112.  11/LE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signature: typed of printed name of repretered ay OFFICERS A  D BELL, LEONARD 2727 S OCEAN BLVD HIGHLAND BEACH FL	pent and little of applicable (NO NDD DIRECTORS	13. 11 THTLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP		CERS AND DIREC	e Addition
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SIGNATURE:

Homas Homas The field To signature and typed on printed name of signing officer of Director Thomas T. LEID

1/20/96 401.265027

B 1864161 Bill Bille Baidt 1816 1111 Bill Bill Billi Billi