**FILED** 

03-02-1999 90036 001 \*\*\*\*61.25

## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

		NENI# <b>N930</b> U n Name	10001509			
ſ		TBACK PLAT ASSOCIATION	ON, INC.			
Princ	inal Plac	e of Business	Mailing Address			
1	8181 W BROWARD BLVD. 8181 W BROWARD BLVD.					1 140011701 210 10100 10111 02111 02111 02111 02111 02101 02101 02101 02101 02101 02101 02101 02101
<b>!</b>	SUITE 300 SUITE 300					
PLAN	PLANTATION FL 33324 PLANTATION FL 33324					E NERTHAL AND IBLUO HING RAIL BANK BOUN BOUN BRING CONTINUOUS BOUN LAND LAND LAND
)						
Principal Place of Business     2a. Mailing Address						3. Date Incorporated or Qualifed
21	пырат	iaco di Dasirioss	26			03/31/1993
	uite, Apt.	Apt. #, etc. Suite, Apt. #, etc.				4. FEI Number Applied For
22			27			65-0442954 Not Applicable
Ci	ty & Stat	ate City & State				5. Certificate of Status Desired - \$8.75 Additional
23			28			Fee Required
Zi <sub>l</sub>	p	Country	Zip	Country		6. Election Campaign Financing \$5.00 May Be
24		9- Name and Address of Cur	29 30	ــــــــــــــــــــــــــــــــــــــ		Trust Fund Contribution Added to Fees  10. Name and Address of New Registered Agent
<del> </del> -		3. Name and Address of Cur	telit Kehisteled Water	81	Name	
1 15	NA CAT	na 13		82	<u> </u>	
LIDA, CARL H					Street	et Address (P.O. Box Number is Not Acceptable)
8181 W BROWARD BLVD STE 300						
PLANTATION FL 33324						lead 70 Oct
PEARINITOR I E 33324					City	FL 85 Zip Code
a	igent. I a	to the provisions of Sections 617.0 egistered agent, or both, in the Starm familiar with, and accept the obtains	0502 and 617.1508, Florida Statutes, ate of Florida, Such change was auth ligations of, Section 617.0503, Florida	the above orized by Statutes	e-named the corp	ed corporation submits this statement for the purpose of changing its registered rporation's board of directors. I hereby accept the appointment as registered
SIGN	IATURE	Signature, typed or printed name of registered	agent and title if applicable. (NOTE: Rei	pistered Ager	nt signature	re required when reinstating) DATE
12.			AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE		D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME		LIDA, CARL H		1.2 NAME		
STREET	TADDRESS	12260 NW 7 STR		1.3 STREET	T ADDRESS	ss
CITY-S	T-ZIP	PLANTATION FL.		1.4 CITY-S	1-ZIP	
TITLE		D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME		MACKENZIE, ALEX		2.2 NAME		į
STREE1	T ADDRESS	12331 NW 7 STR		2.3 STREET	T ADDRESS	is
спу-ѕ	T-ZIP	PLANTATION FL	N DELETE	2. 4 CITY- S	T-ZIP	Channel BE Addition
TITLE		0	<b>▼</b> DELETE	3.1 TITLE		☐ Change
NAME		WALLICE, STEVE		3.2 NAME		TABATCHNICK, DREW
Į	TADDRESS				ADDRESS	
TITLE	T-ZIP	PLANTATION FL	DELETE	3.4. CITY-S 4.1 TITLE	ST-ZIP	PLANTATION, FL Change Addition
í			- Ville	4. 2 NAME		
NAME	TADORESS			4.3 STREET	T ADDDESS	200
				4.4 CITY-S		
CITY-S'	1-41	<del></del>	☐ DELETE	5.1 TITLE	1- LIF	Change Addition
NAME				5.2 NAME		
ì	r address			5.3 STREET	TADDRESS	ss T
CITY-ST				5.4 CITY-S	T- 21P	
MLE			☐ DELETE	6.1 TITLE		☐ Change ☐ Addition

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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE REQU SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR