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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # N9300001994 (3)

THE INNISFREE	THEATOE	CDOUD	INC	
THE INNISEREE	IMEAINE	UNUUP.	INU.	

		, 1110.						
Principal Place	of Business	Mailing Address						
5772 VISTA LI BOCA RATON		5772 VISTA LINDA LN BOCA RATON FL 33433	3					
					3. Date Incorporated or Qualified 05/03/1993		te of Last F)7/28/19	
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number			pplied For
i]		26			65-0580011			lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Fee R	Additional tequired
City & State	•	City & State			Election Campaign Financing Trust Fund Contribution		Added	May Be I to Fees
Zip	Country	Žip	Count	ry	8. This corporation has liability for i			199.032,
·	25	29	30		Florida Statutes L 10. Name and Address of New R	Yes 🔀		
	9. Name and Address of Curren	t Registered Agent	8	1 Name	10. Name and Address of New H	egistered A	- Agent	
			°					
	'HY, WILLIAM		8	2 Street Addr	ress (P.O. Box Number is Not Acceptab	le)		
	DICAL CENTER WAY		ļ.,					
WEST P	ALM BEACH FL 33407		8	3				
			8	4 City		FL	85 Zip	Code
				<u> </u>	ration submits this statement for the pur		boolog ite re	ocietored office
or register	red agent, or both, in the State of Floric ith, and accept the obligations of, Sect	da. Such change was authoria	zed by trie co	rporation's bca	ard of directors. I hereby accept the appoint	ointment as	registered	agent. I am
	,							
	Signature, typed or printed name of registered agent		OTE: Registered A	gent signature require		DATE.		
SIGNATURE		and title if applicable (N D DIRECTORS	OTE: Registered A	gent signature require	ed when reinstaling) ADD:TIONS/CHANGES TO OFF	ICERS AND		
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS ANI	and title if applicable (N				ICERS AND	DIRECTOR	RS IN 12
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SIGNATURE:

GNATURE AND TOPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/96 3687325
Destroit Phone *

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