

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000003856 (2)

1. Corporation Name

TOTAL ESCAPE, INC.

Principal Place of Business

3281 KAPOT TERRACE
MIRAMAR FL 33025

Mailing Address

3281 KAPOT TERRACE
MIRAMAR FL 33025

3. Date Incorporated or Qualified

08/26/1993

4. FEI Number

65-0434219

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

LYNCH, ROSEANNE N
300 SOUTH PINE ISLAND ROAD
SUITE 304
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME LYNCH, ROSEANNE N
STREET ADDRESS 300 SOUTH PINE ISLAND ROAD #304
CITY-ST-ZIP PLANTATION FL 33324

TITLE PD ☐ DELETE

NAME DIKAS, SUSAN
STREET ADDRESS 3281 KAPOT TERR.
CITY-ST-ZIP MIRAMAR FL

TITLE VP ☐ DELETE

NAME KRBB, ELFIE
STREET ADDRESS 3021 N. OAKLAND PARK
CITY-ST-ZIP OAKLAND FL

TITLE D ☐ DELETE

NAME DIKAS, SYLVESTER
STREET ADDRESS 3281 KAPOT TERR.
CITY-ST-ZIP MIRAMAR FL

TITLE D ☐ DELETE

NAME WARD, JANET
STREET ADDRESS 308 NW 43RD ST.
CITY-ST-ZIP POMPANO BCH. FL

TITLE D ☐ DELETE

NAME SHEARN, REGINA
STREET ADDRESS 3000 NE 146 ST.
CITY-ST-ZIP N. MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9-29-98 (954) 436-5927

CR2E037 (5/98)

FILED
Oct 15 1998 8:00am⁸
Secretary of State

