FILE NOW: FILING FEE IS \$61.25

3403 N.W. 37TH ST.

2a. Mailing Address

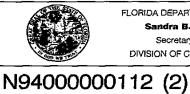
FT. LAUDERDALE FL 33309

NONPROFIT CORPORATION ANNUAL REPORT 1998

DOCUMENT #

3403 N.W. 37TH ST. FT. LAUDERDALE FL 33309

2. Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 06 1998 8:00am Secretary of State

Applied For

\$8.75 Additional

Not Applicable

3. Date Incorporated or Qualified

01/10/1994

23-7353558

5. Certificate of Status Desired

	LICE ASSOCIATION, U.S. SECTION, PRIDAS' GOLD COAST	
Principal Place of Business	Mailing Address	/ sunstrict one rolls order dain marte burnt abile oder dann erhof ribed tid sool

Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			6. Election Campaign Financing \$5.00 May Be		
22		27			Trust Fund Contribution Added to Fees			
City & State City & State					7. Is this nonprofit corporation a homeowners association?			
23		28				Yes X No		
Zip	Country	Zip		untry		8. This corporation owes or has paid the current year Intangible		
24	25 Name and Address of Current	Posistered Agent	30	Personal Property Tax due June 30. Yes No		10. Name and Address of New Registered Agent		
Name and Address of Current Registered Agent			81	Name	10. Name and Address of New Registered Agent			
l								
WATSON, EDWARD			82 Street Address (P.O. Box Number is Not Acceptable)					
3403 N.W. 37TH ST.			83					
FT. LAUDERDALE FL 33309								
			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.								
	n familiar with, and accept the obligat	ions of, Section 617.0503, Fi	orida Sta	tutes.				
SIGNATURE Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstaing) DATE								
12.	OFFICERS AND		13.	0,00	i iiigi aasie roquiro	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	T	DELETE	1.1 T	TLE		Change Idition		
NAME	HAYES, ROBERT		1.2 N	AME	1			
		TREET A	IDDRESS					
4 11/2 11/2 21/2		ITY-ST	-ZIP					
TITLE	Ť	DELETE	2.1 T	TLE.		Change Addition		
NAME WATSON, EDWARD 2.2 NA		AME	Ì					
		TREET A	DORESS	n ==				
CITY-ST-ZIP	ET LAUDEDDALE EL GODGO		my-st	- ZIP				
TITLE	1	DELETE	3.1 Ti	TLE		Change Addition		
NAME	CARNEY, ROBERT		3.2 N	AME	İ			
STREET ADDRESS	341 S.E. 13TH AVE.		3.3 S	3.3 STREET ADDRESS				
CITY-ST-ZIP	POMPANO BEACH FL 33060		3.4. (UTY-ST	-ZIP			
TITLE		DELETE	4.1 TI	TLE		Change Addition		
NAME 4.2 N		AME						
STREET ADDRESS 4.3 ST		TREET A	DDRESS	•				
CITY-ST-ZIP			4.4 C	ITY-ST-	-ZIP			
TITLE		DELETE	5.1 73	TLE		Change Addition		
NAME			5.2 N	AME	Ì			
STREET ADDRESS			5.3 S	TREET A	DDRESS			
CITY-ST-ZIP			5.4 C	ITY-ST-	-ZIP			
TITLE		DELETE	6,1 TI	TLE		☐ Change ☐ Addition		
NAME			6.2 N	AME	ì			
STREET ADDRESS			6.3 S	TREET A	DDRESS			
CATY-ST-ZIP				TY-ST-				
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								