FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

N94000001283 (0)

FILED Apr 27 1998 8:00am Secretary of State

PYRAN	AID, INC.				
Principal Place	e of Business	Malling Address		T TOBULET OIR COUNTY OF THE COUNTY OF THE	ANIBA ISATE 11805 INTO ELIS (100)
4400 BAYOU BOULEVARD 4400 BAYOU BOULEVARD				3. Date Incorporated or Qualified	
SUITE 15C SUITE 15C					
PENSACOLA FL 32503 PENSACOLA FL 32503				03/11/1994 4. FEI Number	Applied For
				59-3233538	Not Applicable
2. Principal Place of Business 2a. Mailing Address					\$8.75 Additional
27 50 South Coyle Street 20 57 South Co			oyle Street	6. Certificate of Status Desired	Fee Required
Sulte, Apt. #, etc.			,	6. Election Campaign Financing	\$5.00 May Be
22 N/A 27 N/A			Trust Fund Contribution	Added to Fees	
city & State		a FL	7. Is this nonprofit corporation a homeown	ers association? No	
Zip A 60	Country	Zip	Country	8. This corporation owes or has paid the c	urrent year Intangible
24 3257	25		<u>ol</u>	Personal Property Tax due June 30.	Yes No N/A
	9. Name and Address of Current F	legistered Agent	81 Name	10. Name and Address of New Registere	Agent
[]					
			ess (P.O. Box Number Is Not Acceptable)		
410 W BLOUNT STREET PENSACOLA FL 32503			83		
PENSAL	AULA FL 32003				
1			84 City	F	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 chargest statement for the pur					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 a		Registered Agent algnature require		ID DIDEOTODO III 40
12.	OFFICERS AND I	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AN	Change Addition
NAME	D Lloyd, robert l	C OLLEIL	1.2 NAME		Li cisange Li Rodinoir
STREET ADDRESS	9895 COACHMAN COURT		1.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL 32514		1.4 City-St-ZiP		
TITLE	D	DELETE	2.1 TITLE		Change Addition
NAME	JUSTICE, SHEILA		22 NAME		•
STREET ADDRESS	410 W BLOUNT STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL 32503		2. 4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		Change Addition
NAME	MEISBERG, STEVE		3.2 NAME		
STREET ADORESS	2170A DELLWOOD DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32303	Therees	3.4. CITY-ST-ZIP		0
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME CYNCET ADDROCOS			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
NAME			5.2 NAME		Per Action Print Associated
STREET ADORESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		
	ertify that the information supplied with	this filing does not qualify for		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:

3 25-98°