## 4/29/98 B - 3949 FILE NOW: FILING FEE IS \$61.25

NOMPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Borthari

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9400001295 (4)

FILED
Apr 29 1998 8:00am
Secretary of State

Principal Place of Business  ### Agaption Avenue BARASOTA FL 34231 US  ### Agaption Avenue SARASOTA FL 34231 US  ### Applied For NOT APPLICABLE  ### Applied F
SARASOTA FL 34231  A Pellid For NOT APPLICABLE  NOT APPLICABLE  S. Certificate of Status Desired   \$8,75 Additional Fee Required Sulta, Apt. #, etc.   \$100 Applicable   \$8,75 Additional Fee Required Fee
22. Mailing Address 23. Mailing Address 24. Mailing Address 25. Certificate of Status Desired   \$8.75 Additional Fee Required    Sulte, Apt. #, etc.   Sulte, Apt. #, etc.    Sulte, Apt. #, etc.   Sulte, Apt. #, etc.    City & State   27    City & State   7. Is this nonprofit corporation a homeowners association?    26   7. Is this nonprofit corporation a homeowners association?    27   Country   Zip   Country   2    28   29   Country   8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.   Yes   No    9. Name and Address of Current Registered Agent   10. Name and Address of New Registered Agent    FILZEK, EDWIN W 3850 CLOVER LANGE   Street Address (P.O. Box Number is Not Acceptable)    8350 CLOVER LANGE   Signature provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, the above-named 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.    11. Pursuant to the provisions of sections 617.0503 and 617.1508, Florida Statutes, the above-named 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.    12. OFFICERS AND DIRECTORS   13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12    11. Pursuant to the provisions of section 617.0503, Florida Statutes.    12. OFFICERS AND DIRECTORS   13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12    12. OFFICERS AND DIRECTORS   13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12    11. Pursuant to the provision of sections   12. STREET ADDRESS    13. STREET ADDRESS   22. STREET ADDRESS    14. OTY. ST. 2IP   Control Statutes   Change   Addition   Addition   Change   Addition   Change   Addition   Cha
Sulle, Apt. #, etc.  Sulle, Ap
22   27   35.00 May Be Added to Fees City & State   27   35.00 May Be City & State   28   7. Is this nonprofit corporation a homeowners association?   29   29   30   8. This corporation west or has paid the current year Intangible Personal Property Tax due June 30.   Yes   No   No   9. Name and Address of Current Registered Agent   10. Name and Address of New Registered   10. Name and Address of Ne
City & State    28
Zip
28 28 30 Personal Property Tax due June 30. Yes No  9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  11. Name and Address of New Registered Agent  12. OFFICERS AND DIRECTORS  13. Name  14. City  15. Name  16. City  16. Description is not Acceptable)  17. Forest Address (P.O. Box Number is Not Acceptable)  18. Name  18. Name  18. Name  18. Name  18. Name  18. City  19. Changing its registered agent, in an iamiliar with, and accept the obligations of, Socion 617,0503, Florida Statutes.  18. City  18. City  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  18. Change Addition  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  19. Change Addition  19. Change Addition  19. Change Addition  10. Name and Address of New Registered Agent  10. Name Basson Address of New Registered Agent  11. Pursuant to the provisions of Socion 617.0502 and 617.0502
FILZEK, EDWIN W 3850 CLOVER LANGE SARASOTA FL 34233  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 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, or both and accept the obligations of, Section 617,0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered of the obligations of, Section 617,0503, Florida Statutes.  SIGNATURE  Bignature, typed or printed name of regulared agent and title if applicable.  (NOTE: Registered Agent signature required when reinatating)  DATE  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  PRA  PRA  PRA  PRA  PRA  PRA  PRA  PR
FILZEK, EDWIN W 3850 CLOVER LANBE SARASOTA FL 34233  44 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  S
STREET ADDRESS
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 nems of registered agent and title if applicable.
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 agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  NAME  STREET ADDRESS  CITY-S1-ZIP  TITLE  DELETE  1.1 TITLE  1.2 SARASOTA FL 34233  1.4 CITY-S1-ZIP  TITLE  DELETE  1.2 TITLE  DELETE  1.3 STREET ADDRESS  CITY-S1-ZIP  SARASOTA FL 34233  1.4 CITY-S1-ZIP  TITLE  DELETE  1.5 SARASOTA FL 34233  1.5 Change  Addition  Addition  Change  Addition  Change  Addition  Change  Addition  Addition  Change  Addition
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 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 and with an accept the obligations of, Section 617,0503, Florida Statutes.  SIGNATURE  Signature, typed or printed nerve of registered agent and wite if applicable.  (NOTE: Registered Agent algorithms required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  PRA  PIZER, EDWIN W  3850 CLOVER LANE  STREET ADDRESS  CITY-S1-ZIP  TITLE  D Change Addition  Addition  PIZER, WANDA  22 NAME  STREET ADDRESS  3850 CLOVER LANE  23 STREET ADDRESS
Bigneture, typeed or printed name of registered agent and trie if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  PRA  PILZER, EDWIN W  STREET ADDRESS  CITY-ST-ZIP  SARASOTA FL 34233  1.4 CITY-ST-ZIP  TITLE  D  FILZER, WANDA  2.2 NAME  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  3850 CLOVER LANE  2.3 STREET ADDRESS  3850 CLOVER LANE  2.3 STREET ADDRESS  3850 CLOVER LANE  2.3 STREET ADDRESS  3850 CLOVER LANE  3850 CLOVER LANE  2.3 STREET ADDRESS
TITLE PRA DELETE 1.1 TITLE Change Addition  NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS SARASOTA FL 34233  TITLE NAME STREET ADDRESS
NAME STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34233 1.4 CITY-ST-ZIP TITLE NAME STREET ADDRESS SREET ADDRESS SARASOTA FL 34233 1.4 CITY-ST-ZIP 2.1 TITLE C Change Addition 2.2 NAME STREET ADDRESS S850 CLOVER LANE 2.3 STREET ADDRESS 3850 CLOVER LANE 2.3 STREET ADDRESS
STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34233  IIILE NAME STREET ADDRESS SARASOTA FL 34233  1.3 STREET ADDRESS 1.4 CITY-ST-ZIP  2.1 TIFLE Change Addition 2.2 NAME 2.3 STREET ADDRESS 3850 CLOVER LANE 2.3 STREET ADDRESS
CITY-ST-ZIP  SARASOTA FL 34233  1.4 CITY-ST-ZIP  1.1 CITY-ST-ZIP  2.1 TITLE  NAME  FICZER, WANDA  2.2 NAME  STREET ADDRESS  3850 CLOVER LANE  2.3 STREET ADDRESS
TITLE D Change Addition  NAME FICZER, WANDA  STREET ADDRESS 3850 CLOVER LANE  2.3 STREET ADDRESS  2.3 STREET ADDRESS
NAME FICZER, WANDA 22 NAME STREET ADDRESS 3850 CLOVER LANE 2.3 STREET ADDRESS
CITY-ST-ZIP SARASOTA FL 34231 2.4 CITY-ST-ZIP
TITLE SD DELETE 3.1 TITLE Change Addition
NAME STREET ADDRESS  32 NAME 33 STREET ADDRESS 33 STREET ADDRESS
CAPACOYA EL DAGTZ
TITLE   DELETE   34. CITY-ST-ZIP   Change   Addition
HARRIS, MICHAEL 4.2 NAME
STREET ADDRESS 3850 CLOVER LANE 4.3 STREET ADDRESS
CITY-ST-ZIP SARASOTA FL 4.4 CITY-ST-ZIP
TITLE DELETE 5.1 TITLE Change Addition
Change Addition
NAME 5.2 NAME
NAME  STREET ADDRESS  5.2 NAME 5.3 STREET ADDRESS
NAME         5.2 NAME           STREET ADDRESS         5.3 STREET ADDRESS           CATY-ST-ZIP         5.4 CITY-ST-ZIP
NAME  STREET ADDRESS  5.2 NAME 5.3 STREET ADDRESS

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 chapted, or on an attachment with an address.

SIGNATURE:

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4/20/98 922-1832