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NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

N94000003509 (6)

FILED Mar 09 1998 8:00am Secretary of State

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Principal Plac	ce of Business	Mailing Address		L I DEBINADI DIR RENIU DIDIR DDIRA I	AKIN BOTIK ODINI BOIOD KIIDI BIRKI DBIRD 1816 1881
108 1ST ST ELOISE FL 331	990-0400	P.O. BOX 5026 ELOISE FL 33880-040(,	3. Date Incorporated or Qualifi	ed
US	****	US	,	07/15/1994	
				4. FEI Number	Applied For
2. Principal P	Place of Business	2a. Mailing Address	 	59-3258983	Not Applicable
21		26		Certificate of Status Desired	\$8.75 Additional Fee Required
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.		6. Election Campaign Financin	
22		27		Trust Fund Contribution	Added to Fees
City & State		———— ·	City & State		a homeowners association?
Zip	Country	28 Zip	0		Yes No
24	25	29	Country 30		s paid the current year Intangible
		of Current Registered Agent		Personal Property Tax due J 10. Name and Address of New	
			81 Name	01	1
AMARO.	, HOMERO		00 00000	Sharon Yrlar	shall
510 S F			82 Street 4	ddress (P.O. Rox Number is Not Acce	otable)
	JI FL 33830		83		· · · · · · · · · · · · · · · · · · ·
			84 City		log 7% Code
			11014	ter haven	FL 85 Zip Code 33 881
		617 0E02 and 617 1E00 Florida O	atutes the above person of	and the second s	
11. Pursuant	to the provisions of Sections registered agent, or both, in	the State of Florida, Such change w	es authorized by the corn	corporation submits this statement for the	ne purpose of changing its registered
office or n agent. I a	to the provisions of Sections registered agent, or both, in im familiar with, and accept to the sections of the section of	the State of Florida. Such change with obligations of, Section 617.0503	vas authorized by the corpo B, Florida Statutes.	orporation submits this statement for the pration's board of directors. I hereby ac	ne purpose of changing its registered countries the appointment as registered
office or n agent. I a SIGNATURE	Werow	me obligations of, section 617.0503	s, Florida Statutes.		3-2-98
SIGNATURE _	Signature, typed or printed name of re	pistered agent and title if applicable.	(NOTE: Registered Agent signature re	equired when reinstating)	3-2-98 DATE
agont. I a	Signature, typed or printed name of te	gistered agent and title if applicable. ERS AND DIRECTORS	(NOTE: Registered Agent signature re	equired when reinstating)	3-2-98 DATE FICERS AND DIRECTORS IN 12
SIGNATURE _	Signature, typed or printed name of te	pistered agent and title if applicable.	(NOTE: Registered Agent signature re 13.	aquired when rehetating) ADDITIONS/CHANGES TO OF	3-2-98 DATE
SIGNATURE _	Signature, typed or printed name of te	gistered agent and title if applicable. ERS AND DIRECTORS	(NOTE: Registered Agent signature re	aquired when rehetating) ADDITIONS/CHANGES TO OF	DATE FICERS AND DIRECTORS IN 12 Change Addition
SIGNATURE	Signature: typed or printed name of te OFFIC DP BANDA, RAMON	gistered agent and title if applicable. ERS AND DIRECTORS	(NOTE: Registered Agent signature re 13. 1.1 TITLE 1.2 NAME	ADDITIONS/CHANGES TO OF EFRAIN DR La M 108 16t Streen	DATE FICERS AND DIRECTORS IN 12 Change Addition
SIGNATURE	Signature: typed or printed name of te OFFICE DP BANDA, RAMON 108 FIRST STREET	gistered agent and title if applicable. ERS AND DIRECTORS	(NOTE: Registered Agent signature re 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ADDITIONS/CHANGES TO OF EFRAIN DE LA M 108 15t Stree	DATE FICERS AND DIRECTORS IN 12 Change Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature: typed or printed name of the OFFICE DP BANDA, RAMON 108 FIRST STREET ELOISE FL TD AMARO, GLORIA	pistered agent and fille II applicable. DERS AND DIRECTORS DELETE	(NOTE: Registered Agent signature in 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY- ST- ZIP	ADDITIONS/CHANGES TO OF EFRAIN DR La M 108 16t Streen	DATE FICERS AND DIRECTORS IN 12 Change Addition Ata The state of t
SIGNATURE 12. 17. 17. 17. 17. 17. 17. 17.	Signature: typed or printed name of the OFFICE DP BANDA, RAMON 108 FIRST STREET ELOISE FL TD AMARO, GLORIA 510 S FLORAL STREE	pistered agent and fille II applicable. DERS AND DIRECTORS DELETE	(NOTE: Registered Agent signature in 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	ADDITIONS/CHANGES TO OF EFRAIN DR La M 108 16t Streen	DATE FICERS AND DIRECTORS IN 12 Change Addition Ata The state of t
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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.