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NONPROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

SIGNATURE:

DOCUMENT #

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HADDOUD OUTVIEWHODO VOLUES

| 250 NEVILLE C | | Mailing Address 150 W. UNIVERSITY FIT BOX 6044 MELBOURNE FL 329 | | | | | | |
|--|--|---|--|--|----------------------------|--------------------------------|-----------------------|---|
| 0.01 | | | | | | orporated or Qualified 03/1995 | 3a. Date | of Last Report |
| Principal Place | e of Business | 2a. Mailing Address | | | 4. FEI Num | per | O+ | Applied For |
| Suite, Apt. #, | etc. | Suite, Apt. #, etc. | | | 59-3 | 295204 | ····· | Not Applicable |
| 2 | | 27 | | | 5. Certificat | of Status Desired | | \$8.75 Additional |
| City & State | | City & State | | | 6. Election (| Dampaign Financing | | Fee Required |
| Zip | Counts | 28 | · | | | d Contribution | | \$5.00 May Be Added to Fees |
| ī) | Country 25 | Zip 29 | Cou | ntry | 8. This corp | oration has liability for | intangible tax u | nder s. 199.032 |
| | 9. Name and Address of Curre | nt Registered Agent | 30 | | Florida St | atutes [| ☐ Yes ☐ No | 1 |
| | | | | 81 Name | | d Address of New R | legistered Age | ent |
| JACOBS, N | MITCH | | , | 82 Street | Address (D.O. B. N. | | | |
| 1210 E NI V | | | 250 | | Address (P.O. Box No | mber is Not Acceptab | le) | |
| MELBOUR | NE-FL-32901 | | | 83 | | Cicol, | | |
| | | | | 84 City | | | | |
| 1. Pursuant to the | ne provisions of Sections 617 0500 | | | 1 | alm BAY | | FL ^{∤®} | 132967 |
| or registered a | ne provisions of Sections 617.0502 agent, or both, in the State of Flori and accept the obligations of, Sect | r and 617.1508, Florida Statu da. Such change was authori. | tes, the abov zed by the c | re-named or progration's | orporation submits this | statement for the purp | pose of changir | ng its registered office |
| iamiliar with, a | and accept the obligations of, Sect | on 617.0503, Florida Statute | s. , | | books of directors. Th | ereby accept trie appo | intment as regi | stered agent. I am |
| GNATURE Signa | alure, typed or printed name of registeringent | and tile if applicable (No | | 70085 | e julied when reinstating) | // | 25/9 | 6 |
| | OFFICERS ANI | | 13. | igent signature i | | S/CHANGES TO OFFI | DATE OFFIC AND DIE | |
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| ME , | JACOBS, MITCH | | 1.2 NAM | AE . | | | [· | nange |
| | 1210 E RIVER DR | | 1.3 STR | EET ADDRESS | 250 Nevil | le Cie. NE | | |
| Y-ST-ZIP | MELBOURNE FL 32901 | | 1.4.011 | r-ST-ZIP | \sim 1 \circ 1 | C/ 3090 | | |
| | n ' | | 1.4 (11) | 01 411 | Palm Bay, | PE. OOI | 1 | |
| | D KATAH LAMBA | DELETE | 2 1 TITL | E | talm bay, | PE. 0010 | Ch | range |
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| AE EET ADDRESS 7-ST-ZIP EET ADDRESS 6-ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS ST-ZIP I do hereby cert certify that the in oath: that I am a | KILTAU, LAURA 1216 E RIVER DR MELBOURNE FL 32901 DI JACOBS, ALAN 1751 ARCADIA MORTON GROVE IL 60053 | □ DELETE □ DELETE □ DELETE □ DELETE □ DELETE | 2 1 TITL 2 2 NAM 2 3 STR 2 4 CIT 3 1 TITL 3 2 NAM 3 3 STRI 3 4 CITY 4 1 TITLI 5 2 NAM 5 3 STRE 5 2 NAM 5 3 STRE 6 1 TITLE 6 2 NAM 6 3 STRE 6 4 CITY 5 hed and do all report is the | E ET ADDRESS Y-ST-ZIP E E ET ADDRESS Y-ST-ZIP E E ET ADDRESS ST-ZIP ET ADDRESS | fy for the exemption st | # DE | Cha | ange Addition ange Addition Addition H-18- nge Addition |