## 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 #

## **FILED** May 19 1998 8:00am Secretary of State

C.											
Principal Place	of Busines	N	Mailing Address						אסטר הסופ הוסטר הנסטר הנוסט הנוסט הנוסט הנוסט הנוסט הנוסט היהוסט הנוסט הוסטר או או יוסטר הוסטר הוסטר הוסטר הוסטר		
2200 NW 12 AVENUE 2109 NW 12 AVENUE FORT LAUDERDAL F 33311 FORT LAUDERDAL US										3. Date Incorporated or Qualified  02/15/1995 4. FEI Number Applied For  65-0558806 Not Applicable	
2. Principal Place of Business 2a.					Mailing Address					e 60.75 Additional	
21				26						5. Certificate of Status Desired Fee Regulred	
Sulte, Apt. #, etc.				Suite, Apt. #, etc.						6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
City & State			28	City & State						7. Is this nonprofit corporation a homeowners association?  ☐ Yes ☐ No	
Ζiρ				Zip Country			ntry			8. This corporation owes or has paid the current year Intangible	
24	25		29	<u></u>	<del> </del>	30				Personal Property Tax due June 30. Yes V No	
	9. Name	and Address of Currer	it Regi	iegistered Agent			44	\$1		10. Name and Address of New Registered Agent	
		1.5					81	Name			
	, HOLLIS I						62	Street	Addres	ess (P.O. Box Number is Not Acceptable)	
2109 N.W. 12TH AVENUE FORT LAUDERDALE FL 33311							83			FL 85 Zip Code	
							84	City			
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, it am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinslating).  DATE											
12.	Signature, typeo	OFFICERS AN			(NO	13.	Age	nt agnajor	a iedokan	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	0111021101111	<u> </u>		DELETE	1.1 TI	TLE .		7	Change Addition	
NAME		S, HOLLIS K				1.2 N/	ME		1		
STREET ADDRESS				1.3 \$			REET	ADDRESS			
CITY-ST-ZIP	FORT L	AUDERDALE FL 3331	1				TY-S	T-ZIP	<u> </u>		
TITLE	VD				DELETE	2.1 Tř	TLE		T	Change Addition	
NAME	FRANCIS, IRVIN			2:			2.2 NAME		ļ		
STREET ADDRESS							2.3 STREET ADDRESS		1		
CITY-ST-ZIP	FORT LAUDERDALE FL 33311			DELETE			2. 4 CITY - ST - ZIP 3.1 TITLE		<del> </del>	Change Addition	
TITLE	SD BAIN M	ALIOCEAL		L	DECEIE				1	Charige Mourion	
NAME STREET ADDRESS		AUREEN 29TH TERRACE					3.2 NAME 3.3 STREET ADDRESS				
CITY-ST-ZIP		AUDERDALE FL 3331	)			1		T-ZIP	1		
TITLE	TO				DELETE	4.1 TF		., 20		Change Addition	
NAME		IEAU, SHELDON				4.2 N	AME				
STREET ADDRESS	4067 NV	V 35TH AVENUE				4.3 \$1	reet	address		Ì	
CITY-ST-ZIP	LAUDER	DALE LAKES FL 333	09		·	4.4 CI	TY-S	1-ZIP	<u> </u>		
TITLE		<del>_</del>			DELETE	5.1 TI				Change Addition	
NAME						5.2 N/					
STREET ADDRESS								ADDRESS			
CITY-ST-ZIP					DELETE	5.4 CI		T-ZIP	<del> </del> -	Change Addition	
TITLE					DEFERE	6.1 T/ 6.2 N/			1		
NAME erocet annocce								ADDRESS	1	\	
STREET ADDRESS   CITY-ST-ZIP						6.4 Ci			{		
14. Thereby o	ertify that th	e Information supplied w	ith this	filing does r	not qualify	for the exe	mpl	tion stat	ed in S	ection 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.											

5-1-48