## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

N95000000801 (9)

DOCUMENT #  1. Corporation Name	N95000000801	(5
TAKE ONE STED IN	I TAKE TWO INCORPORATE	n

Principal Place	e of Business	Mailing Address								
3600 SOUTH SUITE 236 MIRAMAR FL		3800 SOUTH S.R. 7 SUITE 236 MIRAMAR FL 33023					_			
Minaman FL 33023		MIRAMARI IL DOCES	MIRAMAN I E GOOZO			3. Date Incorporated or Qualified 02/17/1995	ed 3a. Date of Last Report			
	ace of Business	2a. Mailing Address	19+h	Str	eet	4. FEI Number 650579679			Applied For	
		Suite, Apt. #, etc.	5010 S. W. 19th Street					\$R 7	Not Applicabl  5 Additional	
22	Andrew II	27				5. Certificate of Status Desired		Fee	Required	
City & State  City & State  City & State  23 W. Hollywood, FL  28 W. Hollywo		—	d, FL			Election Campaign Financing     Trust Fund Contribution		\$5.00 May Be Added to Fees		
Zip	Country	Zip	Cou	untry		8. This corporation has liability for in			s. 199.032,	
24 33023		29 33023	30	USA	·		Yes 🔼			
	9. Name and Address of Current	Registered Agent		81	Name	10. Name and Address of New Re	gistered A	gent		
				1	SEA	ARS, BRENDA				
	BRENDA			82	Street Addr	Strect Address (P.O. Box Number is Not Acceptable) 5010 S. W. 19th Street				
	V. 4TH AVENUE			83	301	o S. w. 19th Street				
SUITE 9										
FORI L	AUDERDALE FL 33311			84	City	11-13	FL	85 Z	ip Code	
11 Purcuant	to the provisions of Sections 617 0502	and 617.1508. Florida Statute	s, the abo	Ove-nai	med corpora	Hollywood, ation submits this statement for the purp	ose of cha	naina its	3023 registered office	
or register	red agent, or both, in the State of Florid	<ul> <li>Such change was authorize</li> </ul>	d by the	corpor	ation's boar	d of directors. I hereby accept the appoint	ntment as	registere	d agent. I am	
	ith, and accept the obligations of Section	on 617.0003, Florida Statutes.				2	11-9	<b>/</b> .		
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable (NOT	E: Flegistere	d Agent si	ignature required	d when reinstating)	~ /1-4	ť		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFIC			ORS IN 12	
TITLE	D	DELETE	1.1 T	TITLE				Change	Addition	
NAME	MEHU, SOLANGE		1.2 N	NAME						
STREET ADDRESS	2051 N. 57TH TERRACE		1.3 S	STREET AD	DRESS					
CITY-ST-ZIP	HOLLYWOOD FL 33021		1.4 0	HTY-ST-	ZIP					
TITLE	D	DELETE	2.1 T	ITLE				Change	Addition	
NAME	WILKES, SARAH		22 N	NAME						
STREET ADDRESS	635 N.W. 10TH TERRACE		235	STREET AC	DRESS					
CITY-ST-ZIP	FT. LAUDERDALE FL 33311		2.40	CITY-ST-	ZIP					
TITLE	D	DELETE	3 1 T	TITLE				Change	Addition Addition	
NAME	MEHU, SOLANGE		32 N	NAME						
STREET ADDRESS	2051 N. 57TH TERRACE		335	STREET AC	DDRESS					
CITY-ST-ZIP	HOLLYWOOD FL 33021			CITY-ST-	ZIP			~~··		
TITLE	D	DELETE	4.1 T	ITLE				Change	☐ Addition	
NAME	SMITH, MARY	• •		NAME						
STREET ADDRESS	1409 N.W. 3RD ST.			STREET AL						
CITY-ST-ZIP	FT. LAUDERDALE FL	C pro cre		CITY-ST-	ZIP			T Chance	☐ Addition	
TITLE	D	DELETE		TITLE			L	Change	☐ Addition	
NAME	DIVERT, NATASHA			NAME						
STREET ADDRESS	901 N. 46TH AVE.			STREET AD	- 1					
CITY-ST-ZIP	HOLLYWOOD FL	DELETE		CITY-SI-	ZIP		- г	Change	Addition	
TITLE		Therete		TITLE			L		Addition	
NAME				NAME	nneae					
STREET ADDRESS				STREET AL						
CITY-ST-ZIP	by partify that the information puncticel is	with this filing is valuntarily furni	6.4 C	I does t	ZIP J	or the exemption stated in Section 119.0	7/3\/k\ FI~	ida Stati	ites I further	
certify that	it the information indicated on this annu I am an officer or director of the corpor	al report or supplemental annu ration or the receiver or trustee	ual report e empowe	is true	and accurat	te and that my signature shall have the s s report as required by Chapter 617, Flo	ame legal (	ettect as	if made under	
appears i	n Block 12 or Block 13 if changed, or o	n an attachment with an addre	988.				(	954)		

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3 - 11 - 9 6 765-630 F