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NONPROFIT CORPORATION ANNUAL REPORT

1998

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FLORIDA DEPARTMENT OF STATE

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Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9500002754 (8)

	n Name										
FRIAR	TUCK'S PHILANTH	HOPY INC.									•
Principal Place of Business Malling Address							IN IEDAN PARA FORM COM	I af air ba hk da		BAHA PIRA HADI	
P.O. BOX 810672 P.O. BOX 810672						3 Date Incom	orated or Ovalified				
BOCA RATON FL 33481 BOCA RATON FL 33481				1			3. Date Incorporated or Qualified 06/12/1995				
							4. FEI Number			I A	pplied For
							65-05	R7423			ot Applicab
2. Principal Place of Business			2a. Mailing Address				1	f Status Desired		\$8.75	Additional
21			26				O. Certificate C			Fee R	eguired
Suite, Apt. #, etc.		l _a	Suite, Apt. #, etc.			6. Election Campaign Financing \$5.00 May Be					
City & State	9		City & State				Trust Fund (<u> </u>	Added to	
13	•	وأ	28				7. Is this nonp	rofit corporation a		Bassociatio	ніг
Zip	Country		Zip		Country		8. This corpora	ation owes or has p			tangible
24	25		<u></u>	30				operty Tax due Jur	•		□ No
	9. Name and Addres	e of Current Re	gistered Agent			···	10. Name and	Address of New F	registered /	Agent	
					81	Name					
LAFLEUR, KEN 979 SW 13TH DRIVE BOCA RATON FL 33486						Street Add	Address (P.O. Box Number is Not Acceptable)				
					84	City			FL	85 Zip	Code
11. Pursuent	to the provisions of Section	000 617 0502 00			1 1			e etatement for the	DUIDOSA Of	chenging i	te recistere
	to the brosspicing or cooks		d 617 1608 Florida Sti	atidae thi	e above-i	named cor	noration ellipmite thi				to logistors
office or re	egistered agent, or both,	in the State of Fi	d 617.1508, Florida Sti lorida. Such change w	atutes, the as author	e above-i	named cor the corpora	poration submits thi Itlon's board of direc	ctors. I hereby acc	ept the app	ointment as	registered
	egistered agent, or both, m familiar with, and acce	in the State of Floot the obligation	d 617.1508, Florida Str lorida. Such change w s of, Section 617.0503	atutes, the as author , Florida t	e above-rized by ti Statutes.	named cor the corpora	poration submits thi ition's board of direc	ctors. I hereby acc	ept the app	ointment as	registered
SIGNATURE	egistered agent, or both, in familiar with, and acce Signature, typed or printed name						poration submits thinklon's board of directions board of directions when releasing)	otors. I hereby acc	ept the app	ointment as	registered
SIGNATURE	Signature, typed or printed name		title if applicable. (NOTE: Regio			ired when reinstating)	ctors. I hereby acc	DATE		
SIGNATURE	Signature, typed or printed name OF	ol registered agent and	title if applicable. (NOTE: Regio	stered Agent		ired when reinstating)		DATE		RS IN 12
SIGNATURE	Signature, typed or printed name OF PTS LAFLEUR, KEN	of regletered agent and FICERS AND DII	Ittle if applicable. (NOTE: Regie	stered Agent 13. 1.1 TITLE 1.2 NAME	signature requ	ired when reinstating)		DATE	DIRECTOR	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	PTS LAFLEUR, KEN % P.O. BOX 81067	of regletered agent and FICERS AND DII	Ittle if applicable. (NOTE: Regia	stered Agent 13. 1.1 TITLE 1.2 NAME 1.3 STREET AL	eignature requi	ired when reinstating)		DATE	DIRECTOR	RS IN 12
SIGNATURE	PTS LAFLEUR, KEN % P.O. BOX 81067; 80CA RATON FL	of regletered agent and FICERS AND DII	THE H applicable (RECTORS DELETE	NOTE: Regle	BLOVED AGENT 13. 1.1 TITLE 1.2 NAME 1.3 STREET AL 1.4 CITY-ST-	eignature requi	ired when reinstating)		DATE	DIRECTOR Change	RS IN 12
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