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NONPROFIT CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

**FILED** 

May 20 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

1997

	MIEN I # IN9500 DLLWOOD BPW FOUNDATI	ON, IN	1C.	:						
Principal Place	e of Business	Ma	ailing Address				\$   <b>                                   </b>	10111 11111 1		41181 1811 1881
C/O ELAINE KA 8069 SAILFISH UTZ FL 33549	I DR,	180	O ELAINE KAUFMAN 069 SAILFISH DR. TZ FL 33549-7771	:						
.U12 FL 03949		LU	12 16 00045-7771	i		Ì	3. Date Incorporated or Qualified 09/15/1995	3a. D	ate of Last 08/19/19	
<del>-</del>	lace of Business	<b>⊢</b> ¬	Mailing Address				4. FEI Number 59-3339545			pplied For
Suite, Apt.	# elc	26	Suite, Apt. #, etc.	+			<u> </u>			lot Applicable Additional
2	, 0.0.	27	cono, ripi: ii, oio.				5. Certificate of Status Desired			Regulred
City & State	9		City & State				6. Election Campaign Financing	··	\$5.00	) May Be
3		28					Trust Fund Contribution			to Fees
Zip	Country	<u> </u>	Zìp	— ·	ountry	-	8. This corporation has liability for			в. 199.032,
4	9. Name and Address of Curre	29	stared Agent	30	<del></del>		Florida Statutes  10. Name and Address of New Ro		No Acent	
	s. Name and Address of Carre	III IIOBIO	nored Agent		B1 Nan	ne	TO. Haine and Address of New III	ay is to i ou	Agont	
PINZEL, BONNIE J SCHIFINO & FLEISCHER, P.A. 201 N. FRANKLIN ST., STE. 2700										
					B2 Street Ac		s (P.O. Box Number is Not Accepta	nie)		
			!		83					
	FL 33602			į	84 City	<del>,</del>			loc Zir	Code
					TOT CILY			FL	<b>85</b>   Zip	Code
11. Pursuant t	to the provisions of Sections 617.050	02 and 6	17.1508, Florida Sta da, Such change wa	lutes, the a	above-nam	ed corpor	ation submits this statement for the			its regislered
SIGNATURE _	to the provisions of Sections 617.050 egistered agent, or both, in the State m familiar with, and accept the oblig Signature, typod or printed name of registered ag	jent <b>a</b> nd tille	ell applicable. (N	OTE: Rog stere	red Agent signa		when reinstaling)	purpose o ppt the app DATE	f changing pointment a	
SIGNATURE _	Signature, typod or printed name of registered ag	jent <b>a</b> nd tille	o II applicable. (N	OTE: Rog stere	red Agent signa			purpose o ppt the app DATE	f changing pointment a	DRS IN 12
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