

FILE NOW: FILING FEE IS \$61.25

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May 01 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000000034 (6)**

1. Corporation Name

**MITZPAH, LTD., INC.**

Principal Place of Business <b>1802 BAYSHORE GARDENS PARKWAY BRADENTON FL 34207</b>	Mailing Address <b>1802 BAYSHORE GARDENS PARKWAY BRADENTON FL 34207</b>
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified <b>01/01/1996</b>
4. FEI Number <b>65-0637093</b>
Applied For Not Applicable

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>HUDAK, G. LEE 1802 BAYSHORE GARDENS PARKWAY BRADENTON FL 34207</b>
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10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>HUDAK, J. GORDON</b>	
STREET ADDRESS	<b>1802 BAYSHORE GARDENS PARKWAY</b>	
CITY - ST - ZIP	<b>BRADENTON FL</b>	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	<b>SIMON, DANIEL J</b>	
STREET ADDRESS	<b>845 PINE STREET</b>	
CITY - ST - ZIP	<b>PERRYSBURG OH</b>	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	<b>SIMON, DANIEL J</b>	
STREET ADDRESS	<b>845 PINE STREET</b>	
CITY - ST - ZIP	<b>PERRYSBURG OH 43551</b>	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	<b>CLEMENS, MICHAEL G</b>	
STREET ADDRESS	<b>3040 5TH AVE. WEST</b>	
CITY - ST - ZIP	<b>PALMETTO FL</b>	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	<b>HUDAK, G. L</b>	
STREET ADDRESS	<b>1802 BAYSHORE GARDENS PKWY</b>	
CITY - ST - ZIP	<b>BRADENTON FL</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>WILSON, LINDA M</b>	
STREET ADDRESS	<b>102 49TH STREET</b>	
CITY - ST - ZIP	<b>HOLMES BEACH FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 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 at 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.

SIGNATURE: *Sandra M. Mortham* **4/21/98**

CR2E037 (10/97)