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 #

N96000000142 (7)

1. Corporatio	n Name	••	110000	,00	00 1 TE (• ,					
SMORGAN, INC.											
Principal Place of Business Mailing Address											
24246 HARROS	24246 HARBORVIEW ROAD 24246 HARBORVIEW ROAD CHARLOTTE HARBOR FL 33980 CHARLOTTE HARBOR FL 33980								3. Date Incorporated or Qualified		
CHARLOTTE HARBOR FL 33980 CHARLOTTE HARBOR FL 33980								01/03/1996			
i										4. FEI Number Applied For	
									_	65-0631727 Not Applicable	
2. Principal P	lace of Busi	ness	<u> </u>	2s 26	2a. Mailing Address					Certificate of Status Desired	
Suite, Apt.	#, etc.	_			Suite, Apt. #, etc.					6. Election Campaign Financing \$5.00 May Be	
City & Stat	<u> </u>			27	City & State					Trust Fund Contribution Added to Fees 7. Is this nonprofit corporation a homeowners association?	
23				28	├ - '					Yes No	
Zip		匚	Country		Zip		Country	,		8. This corporation owes or has paid the current year Intangible	
24	o No-	25	A dd	29		30	<u> </u>			Personal Property Tax due June 30. Yes No	
	9, Name) ena	Address of Curre	int Hegi:	stered Agent		81	Name		10. Name and Address of New Registered Agent	
MODGA	n, Elizab	ETLI	v								
	HARBORVI							82 Street A		ess (P.O. Box Number is Not Acceptable)	
	OTTE HAR						83				
							84	City		85 Zip Code	
								`		FL i i	
11. Pursuant office or i	to the provis	sions gent,	of Sections 517.05 or both, in the Stat	02 and (le of Flor	617.1508, Florida Sta rida. Such change wa	atutes, t as auth	the above orized by	a-named y the cor	d corpo rporatio	oration submits this statement for the purpose of changing its registered ion's board of directors. I hereby accept the appointment as registered	
ł	am lamillar w	ith, a	nd accept the oblig	gations	of, Section 617.0503,	, Floriae	a Statuter	3 .			
SIGNATURE	Signature, types	d or pri	nted name of registered ag	gent and tit	tle if applicable. (f	NOTE: Re	gistered Agr	ant elgnatur	re required	ed when reinstailing) DATE	
12.			OFFICERS AN	ND DIRE			13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	-61			☐ DELETE	I	1.1 TITLE			☐ Change ☐ Addition	
NAME	SWAN,					I	1.2 NAME				
STREET ADDRESS			BORVIEW ROAD					ADDRESS			
CITY-ST-ZIP TITLE	D D	UIII	E HARBOR FL 33	NAGO.	DELETE		1.4 CITY-S 2.1 TITLE	iT-ZIP	+	Change Additio	
NAME	, -	IN F	ELIZABETH			1	22 NAME		1	C. Crange C. Crange	
STREET ADDRESS			BORVIEW ROAD					ADDRESS			
CITY - ST - ZIP			E HARBOR FL 33		980 2.4			ST-ZIP			
TITLE	D				☐ DELETE		3.1 TITLE			☐ Change ☐ Additio	
NAME	LE DOL					J	3.2 NAME]		
STREET ADDRESS	923 RO						3.9 STREET	ADDRESS			
CITY-ST-ZIP	PORT (<u>AHK</u>	RLOTTE FL 33910	0	T or ere		3.4. CITY-	ST-ZIP	₩		
TITLE					☐ DELETE		4.1 TITLE		1	☐ Change ☐ Addition	
NAME	1					ŀ	4. 2 NAME		1		
STREET ADDRESS CITY-ST-ZIP								ADDRESS			
TITLE					DELETE		4.4 CITY-S 5.1 TITLE	<u> 11-ZIF</u>	+	☐ Change ☐ Additio	
NAME						l	5.2 NAME				
STREET ADDRESS]					j	5.3 STREET	ADDRESS			
CITY-ST-ZIP							5.4 CITY-S				
TITLE					DELETE		6.1 TITLE			☐ Change ☐ Addition	
NAME							6.2 NAME				
STREET ADDRESS							6.3 STREET	ADDRESS			
CITY-ST-ZIP							6.4 CiTY-S	ST-ZIP	1		

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 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. RL(QUIRTD)

FILED

Apr 17 1998 8:00am

Secretary of State