FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Jul 14 1997 8:00am

Secretary of State

<u>Sandr</u>e B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

NAME STREET ADDRESS CITY-ST-ZIP

DOCUMENT #

N96000002067 (4)

Principal Place of Business Mailing Address										
6958 LAUDERDALE 6358 LAUDERDALE PALM BEACH GARDENS FL 33418 PALM BEACH GARDENS FL 3						96				
								3. Date Incorporated or Qualified 3a. Date of Last Report 04/15/1996		
2. Principal Place of Business 2a. Mailing Address								4. FEI Number		
21 26 Suite, Apt. #, etc. Suite, Apt. #,					etc.			Not Applicable \$8.75 Additional		
22					5. Certificate of Status Desired					
City & State				City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip Country			- 201	Zip Cou				This corporation has liability for intangible tax under s. 199.032,		
24	25 29 9. Name and Address of Current Registered Agent				30	Florida Statutes Yes No 10. Name and Address of New Registered Agent				
	<u> </u>					61	Name	10. Kanto ana katao o kao kaga a kaga		
KIRSCHBAUM, PAUL						82	Street A	et Address (P.O. Box Number is Not Acceptable)		
6358 LAUDERDALE PALM BEACH GARDENS FL 33418						83				
1 ADRI DEADLI GARDENO I E COTTO					}	64	City	85 Zip Code		
11. Pursuant to the provisions of Sactions 617 0502 and 617 1508. Florida Statutas						٦.,		F L '		
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 re 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 reg agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.										
SIGNATURE										
12.	Signature, typed o	r printed name of registered ag OFFICERS AN			: Registered	Age	nt signature re	required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	1			☐ DELETE	1.1 TIT	LE.	1-	T Change > > Addition		
NAME	200					1.2 NAME ROY CARAFEUY 1.3 STREET ADDRESS 55 1690 B ROUGHTON				
CITY-ST-ZIP MCOMB TWP. MI 48042					1.3 STREET ADDRESS 1.4 CITY - ST- ZIP			MASOMB TWP. MI 4804Z		
TITLE	T		70-	DELETE	2.1 TIT		1 - 2114	T STEVE BURNS Change Chaddition		
NAME STEVE BURNS STREET ADDRESS 6287 HOLLY WOOD					22 NA	AME 6237 HOLLY WOOD ST.				
$I = I \cap A \cap$							ADDRESS T-ZIP	PALM BEACH GARDENS, FZ 33418		
TITLE	VEHIE	H IRIZAR	2 Y	☐ DELETE	3.1 TIT	ιE		TKENNETH TRIZARRY Change Addition		
NAME STREET ADDRESS	1088	BARBARA ST			3.2 NA		ADDRESS	6088 BARBARAST.		
CITY-ST-ZIP	PALM	BEACH GAR	DED	S. FL 33418	3.4. CI		ĺ	PALM BEACH GARDENS, FL 33418		
TITLE	17			☐ DELETE	4.1 TIT	LΕ	-	T Chris W oxeley Change Addition		
100 1114					4.2 NA		ADDRESS	P.O. BOX/189		
					4.3 ST			mineral Ridge, OA 44440		
TITLE DELETE					5.1 TIT	LE	1	MICHEAL BYRUM Change Addition		
NAME STREET ADDRESS	782 (6. ACADEM	ر دلا).	5.2 NAI		ADDRESS	73% S.E. ACADEMY LN.		
CITY-ST-ZIP	PORT	ST. LUCIE.	FL	34984	5.4 CIT			PORT ST. LUCIE, FL 34984		
TITLE	1	···		DELETE	61.10			Change NAddition		

14. I do 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.

6.4 CITY-ST-ZIP