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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT # N9
1. Corporation Name

N96000002295

FILED Jun 09 1997 8:00am Secretary of State

| | le L. Rodbe | rg Chai | | | datio | n, Inc | 2 | | | | |
|---|----------------------------------|---------------------|---------------------|--------------------|-----------------------------|----------------------|---|--|-----------------|--------------------------|------------------------|
| | ce of Business | | Maiting A | | | | | | | | |
| 625 North Flagler Drive 440 Columbia 9th Floor Suite 500 | | | | | | Drive | | | | | |
| | m Bch, FL | 22401 | | | | T 2240 | \o | | | | |
| Wabati | mascn, FL | 33401 | W | Palm B | Cn, r | L 3340 | 3. | Date Incorporated or Qualif | I | ate of Last I | Report |
| 2. Principal Place of Business | | | 2a. Mailing Address | | | | | 4/29/96 N/A 4. FEI Number V Applied For | | | |
| 21 | 1000 01 00311033 | | 26 | | | | " | r ET Number | | | pplied For |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | | | | | | ol Applicable Additional | |
| 22 | | | 27 | | | | 5. | Certificate of Status Desired | | , | Additional Required |
| City & State | | | City & State | | | | 6. | Election Campaign Financin | ia | | May Be |
| 23 | | | 28 | | | | | Trust Fund Contribution | | | to Fees |
| Zip | Country | ' | Zip | | Countr | У | 8. | This corporation has liability | | | s. 199 032, |
| 24 | 25 | an of Compant 5 | 29 | | 30 | | | Florida Statutes | Yes | | |
| | 9. Name and Addre | BE OF CURRENT H | legistered A | gent | 81 | Name | 10. | Name and Address of New | Registered | Agent | |
| | n V. Katz | | | | Ľ | 1101110 | | | | | |
| 625 N | . Flagler D | rive | 8 | | | Street Addr | Address (P.O. Box Number is Not Acceptable) | | | | |
| 9th F | | | Ì | | | | | | | | |
| West 1 | Palm Beach, | FL 334 | 401 | | | | | | | | |
| | | | | | 84 | City | | | FL | 85 Zip | Code |
| 11. Pursuant | to the provisions of Sect | ons 617.0502 a | nd 617.1508 | , Florida Statute | es, the abov | e-named corp | poration | submits this statement for t | he nurnose o | f changing i | its registered |
| agent. I a | im familiar with, and acco | ept the obligation | ns of, Sectio | n 617.0503, Flo | utnorizea b rida Statute | y the corporat s. | tion's b | oard of directors. I hereby a | ccept the app | ointment as | s registered |
| SIGNATURE | | | | | | | | | | | |
| | Signature, typed or printed name | | | lo (NOTE | | ent signature requir | | | DATE | | |
| 12. | OF | FICERS AND D | DIRECTORS | T priete | 13. | | | ADDITIONS/CHANGES TO O | FFICERS AND | | |
| NAME | T Bara Jana Bara | | | ☐ DCLETE | 1.1 TITLE | | | | | ☐ Change | Addition |
| STREET ADDRESS | Evelyn Rod | | N J | | 1.2 NAME | | | | | | |
| CITY-ST-ZIP | 6709 S. F1 West Palm | | | 2405 | | I ADDRESS | | | | | |
| TITLE | T | Deacii, | HE DO | DELETE | 1.4 City - : 2.1 Title | 51-217 | | | | Change | Addition |
| NAME | Lauren Rod | hera | | | 2 2 NAME | | | | | □ Outringe | Addition |
| STREET ADDRESS | 6709 S. F1 | | Drive | | | ADDRESS | | | | | |
| CITY-ST-ZIP | West Palm | Beach | FL 33 | 3405 | 2. 4 CITY - | · | | | | | |
| TITLE | Т | | | DELETE | 3.1 TITLE | 51 21 | | | | Change | Addition |
| NAME | Mark Rodbe | ra | | | 3.2 NAME | | | | | • | _ |
| STREET ADDRESS | 6709 S. F1 | agler I | Drive | | 3.3 STREET | ADDRESS | | | | | |
| CITY-ST-ZIP | West Palm | Béach, | FL 33 | | 3.4. C(TY- | ST-ZIP | | | | | |
| TITLE | | | | DELETE | 4.1 TITLE | | | | | ☐ Change | Addition |
| NAME | | | | | 4 2 NAME | | | | | | |
| STREET ADDRESS | | | | | 4.3 STREET | ADDRESS | | | | | |
| CITY-ST-ZIP | | | , | Theres | 4.4 CITY - S | ST-ZIP | | | | <u></u> | |
| TITLE | | | | ☐ DELETE | 5.1 TOTLE | | | | • | L Change | Addition |
| NAME CTOCCT ADDRESS | | | | | 5.2 NAME | | | | 4 | 561 | 0/00 |
| STREET ADDRESS | | | | | 5.3 STREET | Į. | | | И | 10/ | 7/ブリ |
| CITY-ST-ZIP TITLE | | | ·-···· | DELETE | 5.4 CITY - S | ST - ZIP | | | -// | Change | Addition |
| NAME | | | | percit | 6.1 TITLE | | | 5000022 -06/13/970 | 2169 | Change | ☐ Addition |
| STREET ADDRESS | | | | | 6.2 NAME 6.3 STREET | ADOBEOG | | -06/13/970 | 10020 | 13 | |
| CITY-ST-ZIP | | | | | 6.3 STREET | | | ***61.25 | | | |
| 14. I do hereb | y certify that the informa | tion supplied wi | th this filing o | does not qualify | for the eve | mplion stated | d in Sec | tion 119.07(3)(i), Florida Stat | utes. I further | certify that | the |
| intormatio | n indicaled on this annua | al réport or supc | nementai ani | nual report is tru | ie and acci | irate and that | l mv sia | nature shall have the same liquired by Chapter 617, Floric | anal affect as | if made un | dor oath: that I |
| appears in | Block 12 or Block 13 if | chapped, or on | an atta nime | with an addr | ess. | ote ma tebul | r as it(| dured by Ghapler 017, Florid | ia otatutes; al | io that my r | iarrie |