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 # N96000002529 (3)

STRANAHAN BAND AIDES ASSOCIATION, INC.

FILED Feb 24 1998 8:00am Secretary of State

Incor	norator	Lor Ou	allflad			

Principal Place of Business Malling Address												
	. 5TH PLACE ERDALE FL 33312	1800 S.W. 5TH PLACE FT. LAUDERDALE FL 33312					3. Date incorporated or Qualified					
ri. Chop	ENDALL IE COOLE	FI. ENUDERDALE PE 33312					05/13/1996					
								4. FEI Number		pplied For		
O Data	inal Charles at Divisions		l On Malling Address					65-0603005		lot Applicable		
2. Princ 21	ipal Place of Business	2a. Mailing Address 26					5. Certificate of Status Desired	\$8.75 Additional Fee Required				
Sulte	, Apt. #, etc.	Suite, Apt. #, etc.					Election Campalgn Financing	\$5.00	May Be			
22		27					Trust Fund Contribution	Added	to Fees			
	& State City & State							7. Is this nonprofit corporation a homeowners association?				
23		28				☐ Yes ☐ No						
Zip	 				untry 8. This corporation owes or has paid the curr							
24	25	ddraga of Corre	29	30	Personal Property Tax due June 30. Ye 10. Name and Address of New Registered Agen				No			
	y. Name and A	tadress of Curre	nt Registered Agent		81	Name		10. Name and Address of New Registered A	ent.			
					°'	Ivame	,					
	Arles, Israel				82	Street	Addre	ss (P.O. Box Number is Not Acceptable)				
1800 S.W. 5TH PLACE FT. LAUDERDALE FL 33312					83							
• • • •					84	City		FL	85 Zip	Code		
44 6		(C - + 1 043 OF	00 1 047 4500 Fix.: 4- Al-	4	لببا							
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.												
SIGNATI	URE											
	Signature, typed or printe		<u> </u>		d Age	nt signatur	e required	when reinstating) DATE				
12.	T &	OFFICERS AN	ND DIRECTORS	13.			1	ADDITIONS/CHANGES TO OFFICERS AND D	_			
TITLE	D		☐ DELETE	1.1 70			l	_	_ Change	Addition		
NAME	MARRAZZO, J			1.2 N/						ŀ		
STREET ADD	1 000 1 1111 00 1			1.3 ST	REET	ADDRESS				İ		
CITY-ST-ZI					1.4 CITY-ST-ZIP		<u> </u>		٦.,			
TITLE	D				2.1 TITLE		l	Į.	_ Change	Addition		
NAME	THOMAS, ANI			2.2 N								
STREET ADD	1000 0000			2.3 ST	REET	ADDRESS						
CITY-ST-ZI	-	FL 33024		2.4 C		T-ZIP			-			
TITLE	D		☐ DELETE	3.1 Til				į L	Change	L. Addition		
NAME	ITURRIOZ, MA			3.2 NA								
STREET ADD	1 122 1 11 1 1 1			1		address						
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NAME				4. 2 N			1			ŀ		
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NAME				5.2 NA								
STREET ADD	RESS			5.3 ST	REET .	ADDRESS		1				
CITY-ST-ZI	Р			5.4 CI		T- ZIP						
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NAME				6.2 NA	ME		İ	70000244006 -02/25/9801017009	, r (اع		
STREET ADD	ress			6.3 ST	REET	address		-UZ/Z5/38U1U1/UU5	ŀ	2.24		
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Thereby 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.