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NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9600002546 (7)

EGBA ASSOCIATION OF FLORIDA, INC.,

Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc.	Principal Place of Business Mailing Address						I IU MARSON DEM RELLO DEREN BOLLI UNENE RALLIN DRAIS	ABIIA (1881) BIIII BISI	I V 6 141 1801
2. Principal Place of Business						05/13/1996			
2. Principal Place of Business 22. Mailing Address 26. 38.75 Additional Foo Required 38.75 Additional Foo Required 36.	•						4. FEI Number		
Suite, Apt. #, etc. Suite, Ap							65-0672190	 	
Trust Fund Contribution Added to Fees	21		-				5. Certificate of Status Desired		
Ze	Suite, Apt.	, #, etc.).					
Zip Zip Zip Zip Zip Country Zip Country St. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No No Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent 20. Name and Address of New Register	City & State City & State								
25 29 30 Personal Property Tax due June 30. Yes No		Country		Co	ountry		8. This corporation owes or has paid the o	urrent vear Intar	naible
ADEJOBI, AYOOLA 6109 S.W. 35TH STREET MIRAMAR FL 33023 82 Street Address (P.O. Box Number is Not Acceptable) 83 Represented agent, or both, in the State of Florida, Such change was authorized by the corporation submits this statement for the purpose of changing its registered agent, and facept the obligations of, Section 617,0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and familiar with, and accept the obligations of, Section 617,0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and familiar with, and accept the obligations of, Section 617,0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and familiar with, and accept the obligations of, Section 617,0503, Florida Statutes, the above-named corporation's board of directors, I hereby accept the appointment as registered agent, and familiar with, and accept the obligations of, Section 617,0503, Florida Statutes, the above-named corporation's board of directors, I hereby accept the appointment as 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, 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, or both, in the State Agent, in the Application of Florida Statutes. INTEL PD	24	25	29	30			Personal Property Tax due June 30.	☐ Yes ☐	
ADEJOBI, AYOOLA 6109 S.W. 35TH STREET MIRAMAR FL 33023 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 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 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, and this with, and accept the obligations of, Section 617.0503, Florida Statutes, the above-named 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, the above-named 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, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. In the corporation's board of directors. I hereby accept the appointment as registered agent. In the corporation's board of directors. I hereby accept the appointment as registered agent. In the corporation's board of directors. I hereby accept the appointment as registered agent. In the corporation's board of directors. I hereby accept the appointment as registered agent. In the corporation's board of directors. I hereby accept the appointment as registered agent. In the corporation's board of directors. I hereby accept the appointment as registered agent. In the corporation's board of directors. I hereby accept the appointment as registered agent. In the corporation's board of directors. I hereby accept the appointment agent agent agent agent and the purpose of changing its registered agent. In the corpo							10. Name and Address of New Registere	d Agent	
STREET ADDRESS STRE					81	Name	···	-	
Signature PD	ADEJOBI, AYOOLA				82	Street Ad	dress (P.O. Box Number is Not Acceptable)		
Record R	6109 S.W. 35TH STREET				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 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, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agers and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PD ADEBOLA, ADEIFE 1.1 TITLE ADEBOLA, ADEIFE 1.2 NAME STREET ADDRESS CITY-ST-ZIP MIRAMAR FL 1.4 CITY-ST-ZIP TITLE VPD DELETE 2.1 TITLE DELETE 2.2 NAME 2.3 STREET ADDRESS CITY-ST-ZIP NORTH MIAMI BEACH FL TITLE DSSORMELUN DELETE 3.1 TITLE SOREME KUN OUTBURGTOR LADDITION Addition Addition Addition ADELOTAN; OLUBUKOLA 32 NAME -ADELOTAN; OLUBUKOLA	MIRAMAR FL 33023				83				
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Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	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.								
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PD	SIGNATURE								
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TOO NING OF THE OWN HOLD	NAME			3.2	NAME		2000 NWDIGHTSTR #3	317	
STREET ADDRESS 700 N.W. 214TH ST., #317	STREET ADDRESS	700 N.W. 214TH ST., #317		3.3	STREET	ADDRESS	MAMI FL 33/6	•	ľ

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 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. 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. 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. 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 or the corporation of the corporation of the receiver of the corporation of the receiver or trustee or the corporation of the receiver of the corporation of the receiver of the corporation of the corporation of the receiver or trustee or the receiver of the corporation of the receiver of the receiver

3.4. CITY-ST-ZIF

4.3 STREET ADDRESS

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5.4 CITY - ST- ZIP

6.3 STREET ADDRESS

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

SIGNATURE

<u>Miami Fl</u>

MIMAI FL

JOSHUA, PATIENCE O

3310 N.W. 178 STREET

SHOKUMBI, CHARMAINE

20931 N.E. 13 PL

N MIAMI BEACH F

ABIOLA, ANTONIA

470 N.E. 180 DR.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY - ST-ZIP

CITY-ST-ZIP

TITLE

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FILED

Feb 04 1998 8:00am

Secretary of State