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 # N96000004499 (7)

FILED
May 11 1998 8:00am
Secretary of State

FIREM	AN JIM & FRIENDS, INC.			 Manuar and Lawa Birki Bahii Bahii Bahii Bahii	KANNI BURUN BURUN TONNA NAMI TORK
Principal Place of Business		Mailing Address			JOHN 21911 DIDIT 19114 IJH 1987
140 TOMAHAWK DRIVE INDIAN HARBOR BEACH FL 32937		140 TOMAHAWK DRIVE INDIAN HARBOR BEACH FL 32837		3. Date Incorporated or Qualified 08/28/1996 4. FEI Number	Applied For
				59-3398372	Not Applicable
21	face of Business	2e. Mailing Address 26		5. Certificate of Status Desired	\$8.75 Additional Fee Required
⊢ ,		Suite, Apt. #, etc.		6. Election Campaign Financing	\$5.00 May Be
22		27		Trust Fund Contribution	Added to Fees
City & State		City & State		7. Is this nonprofit corporation a homeowners association?	
23 7io	Zip Country Zip		Country 8 This corporation owes or has paid the current year Intendible		
24	⊢ ′			8. This corporation owes or has paid the co	urrent year Intangible
[24]	9. Name and Address of Currer		30	Personal Property Tax due June 30. 10. Name and Address of New Registered	
			81 Name		
ALIEDE AVIDED ALLEDTEDES					
343 ALMERIA AVENUE			82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
CORAL GABLES FL 33134			83		
OOIVAL V	SHEELS I'L GOIST		84 City		85 Zip Code
-				<u>FI</u>	_
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.					
agent. I a	m familiar with, and accept the obliga	ations of, Section 617.0503, Flo	rida Statutes.		,
SIGNATURE					
12.	Signature, typed or printed name of registered age OFFICERS AN	· · · · · · · · · · · · · · · · · · ·	Registered Agent signature require	ADDITIONS/CHANGES TO OFFICERS AN	ID DIDECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE	ADDITIONAL PROCESS TO OFFICE AS	Change Addition
NAME	ROCQUE, SANDRA LEE		1.2 NAME		
STREET ADDRESS	140 TOMAHAWK DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	INDIAN HARBOR BEACH FL 3	2937	1.4 CITY - ST - ZIP		
TITLE	VD	DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HABOVICK, JAMES P JR.		2.2 NAME		
STREET ADDRESS	140 TOMAHAWK DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	INDIAN HARBOR BEACH FL 3	2937	2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	KENDIG, JAMES C JR.		3.2 NAME		
STREET ADDRESS	140 TOMAHAWK DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	INDIAN HARBOR BEACH FL 3	2937	3.4. CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HARRIS, CURTIS M		4. 2 NAME		
STREET ADDRESS	140 TOMAHAWK DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	INDIAN HARBOR BEACH FL 3		4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		ļ
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		T OF LETE	5.4 CITY - ST - ZIP		Chance Taken
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

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; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: