## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # N9600004675

1317 ASSOCIATION, INC.

## **FILED** Mar 01, 1999 8:00 am § Secretary of State

03-01-1999 90235 025 \*\*\*\*61.25

| Principal Place                               | Mailing Address                                     |   |           |       | ì                                      |   |            |               |            |
|---|---|---|-----------|-------|--|---|------------|---------------|------------|
| 1317 S.W. 1ST AVE.<br>FT. LAUDERDALE FL 33315 |   | 1317 S.W. 1ST AVE.<br>FT. LAUDERDALE FL 33315 |           |       |  |   |            |               |            |
|   |   |   |           |       |  |   |            |               |            |
| 2. Principal P                                | lace of Business                                    | 2a. Mailing Address 26                        |           |       |  | 3. Date Incorporated or Qualifed 09/10/1996   |            |               |            |
| Suite, Apt.                                   | #, etc.   | Suite, Apt. #, etc.                           |           |       |  | 4. FEI Number   |            |               | olied For  |
| 22  |   | 27  |           |       |  | NOT APPLICABLE  |            | Not           | Applicable |
| City & Stat                                   | te  | City & State                                  |           |       |  | 5. Certifcate of Status Desired   | □          | \$8.75 A      |            |
| 23  |   | 28  |           |       | Fee Required                           |   |            |               |            |
| Zip   | Country   | Zip Country                                   |           |       |  | 6. Election Campaign Financing Trust Fund Contribution  S 5.00 May Be Added to Fees |            |               |            |
| 24  | 25 29 30  |   | 30        |       |  | Trust Fund Contribution   | -1-4       |               | ) Fees     |
|   | 9. Name and Address of Curren                       | t Registered Agent                            |           | 81    | Name                                   | 10. Name and Address of New Re  | gisterea / | Agent         |            |
| É   | Ę   |   |           | "     | Name                                   |   |            |               |            |
| PODERS(                                       |   | 82 Street Addr                                |           |       | Iress (P.O. Box Number is Not Acceptab | le)   | ,          |               |            |
|   | . 1ST AVE.  |   |           |       |  | <del></del>   |            |               |            |
| FT. LAUD                                      | ERDALE FL 33315                                     |   |           | 83    |  |   |            |               |            |
|   |   |   |           | 84    | City                                   | •   | FI         | 85 Zip C      | ode        |
| 44 0  | to the providing of Costions 617 050                | 2 and 617 1508 Florida Statut                 | es the a  | hove  | e-named com                            | poration submits this statement for the p   | urpose of  | changing its  | registered |
| -45-00-00-1                                   | registered egent or both in the State               | ote⊏lorida. Such change was a                 | utnorizer | עמו   | the corporati                          | ion's board of directors. I hereby accept   | the appoir | ntment as reg | jistered   |
| agent. I a                                    | am families with, and accept the obliger            | tions of, Section 617.0503, Flo               | nda Stati | utes  |  |   | 1.1        | <u> </u>      |            |
| SIGNATURE                                     | Signature, typed or printed name of registered agen | and title if poplicable (NOTE                 | Pagistara | Anen  | A LATE                                 | ed when reinstating)  | DATE       | <i>T</i> /    |            |
| 12.   |   | D DIRECTORS                                   | 13.       |       |  | ADDITIONS/CHANGES TO OFFI   | CERS AN    | D DIRECTOR    | RS IN 12   |
| TITLE   | D   | ☐ DELETE                                      | 1.1 TI    | TLE . |  |   |            | ☐ Change      | Addition   |
| NAME  | HAMILTON, DENNIS                                    |   | 1,2 N     | ME    |  |   |            |               |            |
| STREET ADDRESS                                |   |   | 1.3 S     | REET  | T ADORESS                              |   |            |               |            |
| CITY-ST-ZIP                                   | PLANTATION FL 33324                                 |   |           | TY-S1 |  |   |            |               |            |
| TITLE   | D   | ☐ DELETE                                      | 2.1 TITLE |       |  |   |            | Change        | ☐ Addition |
| NAME  | HAMILTON, JAMES                                     |   | 2.2 N     | AME   |  |   |            |               |            |
| STREET ADDRESS                                | 40 4 51 144 4 4 6 TH 1 AL FERRIT                    |   | 2.3 \$1   | TREET | ADDRESS                                |   |            | •             |            |
| CITY-ST-ZIP                                   | PLANTATION FL 33324                                 |   | 2.40      | πy-s  | ST-ZIP                                 | •   | e .        |               |            |
| TITLE   | D   | ☐ DELETE                                      | 3.1 π     | TLE.  |  |   |            | Change        | Addition   |
| NAME  | PEDERSEN, DAVID A                                   |   | 3.2 N     | AME   |  |   |            |               |            |
| STREET ADDRESS                                |   |   | 3.3 \$    | TREE1 | TADDRESS                               |   |            |               |            |
| CITY-ST-ZIP                                   | FT. LAUDERDALE FL 33315                             |   | 3.4. C    | ITY-S | ST-ZIP                                 |   |            | <u> </u>      |            |
| TIFLE   |   | ☐ DELETE                                      | 4.1 TI    | TLE   |  | ,   |            | ☐ Change      | ☐ Addition |
| NAME  |   |   | 4. 2 N    | IAME  | }                                      |   |            | •             |            |
| STREET ADDRESS                                | <u>.</u>  |   | 4.3 S     | TREE  | TADORESS                               |   |            |               |            |
| CITY-ST-ZIP                                   | 1   |   | 4.4 C     | TY-S  | T-ZIP                                  |   |            |               |            |
| TITLE   |   | ☐ DELETE                                      | 5.1 TI    | TLE   |  |   |            | ☐ Change      | ☐ Addition |
| NAME  |   |   | 5.2 N     | AME   |  |   |            |               |            |
| STREET ADDRESS                                | s   |   | 5.3 \$    | TREET | TADDRESS                               |   |            |               |            |
| CITY-ST-ZIP                                   |   |   |           |       | T-ZIP                                  |   |            |               | ,          |
| TITLE   |   | □ DELETE                                      | 6.1 TI    | TLE   |  |   |            | ☐ Change      | ☐ Addition |

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 changes, or on an attachment with an address with all other like empowered.

6.4 CITY-ST-ZIP

6.3 STREET ADORESS

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP