## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # N96000005604 (1)

## **FILED** May 05 1997 8:00am Secretary of State

Principal Place of Businoss Mailing Address  3900 BRAODWAY 3900 BRAODWAY WEST PALM BEACH FL 33407-4138											
							3. Date Incorporated or Qualified 11/01/1996	3a. C	ale of Last F	loport	
	lace of Businoss	2a. Mailing Addres	SS				4. FEI Number			oplied For	
Suite, Apt.	# etc	Sulte, Apt. #, etc.					Not Applicable \$8.75 Additional				
22	<b>7, 010.</b>	27					5. Certificate of Status Desired	X		equired	
City & State	6	City & State					6. Election Campaign Financing		\$5.00	May Be	
23		28					Trust Fund Contribution			to Fees	
Zip	Country	Zip	h	ountry	/		8. This corporation has liability for			. 199.032,	
24	25 9. Name and Address of Currer	29 Anni Anant	30	1			Florida Statutes L  10. Name and Address of New Re	Yes			
	e, Hallie and Adoless of Oditel	ir i i a Aistel an Whalif		81	Name	)	IV. Hamb and Addiess of New Re	Alerel 60	WADIII		
PARRISH	I, BRUCE W JR.						20 0 D N 1				
	JTH NARCISSUS AVE.		82 Street A			t Addres	s (P.O. Box Number is Not Acceptal	ole)			
SUITE 7				83	1						
	ALM BEACH FL 33401			84	City				<b>85</b> Zip	Code	
				07	City			Fl	_   65   249	Code	
office or r agent. I a SIGNATURE	egistered agont, or both, in the State m familiar with, and accept the oblig- signature, typed or printed name of registered are						n's board of directors. I hereby acce	pt the ap	pointment as	registered	
12.	·	D DIRECTORS	13		en signati	re required	ADDITIONS/CHANGES TO OFFICE		D DIRECTOR	3S IN 12	
TITLE	PD	☐ DELE		INLE		T			Change	Addition	
NAME	CLARK, ISAIAH S JR.		1.2	NAME							
STREET ADDRESS	1921 HILTONIA CIR.		1.3	STREET	I ADDRESS						
CITY-ST-ZIP	WEST PALM BEACH FL 3340			0114-5	ST-ZIP	<u> </u>					
TITLE	VD	☐ DELI		TITLE					Change	Addition	
NAME	CLARK, MARY F		1	NAME							
STREET ADDRESS	1921 HILTONIA CIR. West Palm Beach Fl 3340	17			I ADDRESS			•			
CITY-ST-ZIP TITLE	STD	DELE		TITLE	S1 - ZIP	┪┈┈			Change	Addition	
NAME	BROWN, ADRIENNE			NAME							
STREET ADDRESS	802 WEST TIFFANY DRIVE #	3	T T		I ADDRESS						
CITY-ST-ZIP_	WEST PALM BEACH FL 3340	7	3.4	. CI1Y-	ST-ZIP						
TITLE		☐ DELI	TE 4.1	1111.6					Change	Addition	
NAME				NAME							
STREET ADDRESS					FADDRESS						
CITY - ST - ZIP		DELE		CITY - S	S1 - ZIP	-			Change	Addition	
TITLE NAME		ب المال		TITLE NAME					אווימווט נן	L MUDITOR	
STREET ADDRESS			•		I ADDRESS		1				
CITY-ST-ZIP				CITY-S							
TITLE	, , , , , , , , , , , , , , , , , , , ,	DELL		TITLE	VI LIF	<del> </del>			Change	Addition	
NAME			1	NAME							
STREET ADDRESS			ı		ADDRESS						
CITY-ST-ZIP				СПҮ- 5							

14. I do 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.