## 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 # N9600005837 (7)

FILED
Apr 23 1998 8:00am
Secretary of State

FRESH	START PROGRAM, INC.									
Principal Place of Business Mailing Address							4 ABBUNDE DIN IDEN BUND RAHAF DENN			J FRITA IN A FRANCIS
2840 SOMERSET DRIVE P.O. BOX 180241 M-214 FT LAUDERADLE FL 33319-0. LAUDERDALE LAKES FL 33311				241			Date Incorporated or Qualified     11/15/1996      FEI Number			pplied For
2. Principal Place of Business 2a. Mailing Address							NOT APPLICABLE			lot Applicable Additional
21 26							5. Certificate of Status Desired			Required
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	¬ `' ' ' ''				Election Campaign Financing     Trust Fund Contribution		\$5.00 Added 1	
City & State City & State 28							7. Is this nonprofit corporation a h		_	on?
Zip	Country	Zip Country				Yes No  8. This corporation owes or has paid the current year Intangible				
24	25	29	30				Personal Property Tax due Juni	-		itang∙ble □ No
	9. Name and Address of Curre		12.7				10. Name and Address of New R			
				81	Name			•		
LUCAS, BRIAN					O4	<b>A</b>	/DO Down Name to No.	L 1 - N		
2840 SOMERSE DRIVE				82 Street Ad			s (P.O. Box Number is Not Accepta	DIB)		
M-214				<b>B3</b>						
LAUDERADLE LAKES FL 33311									T	
				84	City			FL	<b>85</b> Zip	Code
11. Pursuant office or r agent. I a							ation submits this statement for the i's board of directors. I hereby acce		changing i pintment as	ts registered registered
Signature, typed or printed name of registered agent and title if applicable (NOTE: R  12. OFFICERS AND DIRECTORS					nt signature	required t	when reinstating) ADDITIONS/CHANGES TO OFFI	DATE	DIRECTOI	DC INLAD
TITLE	PD DELETE		13.	1.1 TITLE			ADDITIONS/CHANGES TO OFFI	DENS AND	Change	Addition
NAME	LUCAS, BRIAN			1.2 NAME					Onengo	C) regulation
STREET ADDRESS 2840 SOMERSET DRIVE #M-214				1.3 STREET ADDRESS						
1	CITY-ST-ZIP LAUDERDALE LAKES FL 33068			1.4 CITY - ST - ZIP						
TITLE	VD	DELETE		2.1 TITLE					Change	Addition
NAME	HOLCOMB, GLENN		2.2 NA		2.2 NAME					_
STREET ADDRESS 2840 S.W. 14TH STREET #18		18	2.3 ST	2.3 STREET ADDRESS		l				
CITY-ST-ZIP	DOMESTON DEPOS DE COMO			2. 4 CITY-ST-ZIP						
TITLE	SD	☐ DELETE		3.1 TITLE					Change	Addition
NAME	Terry, Merian		3.2 NA	3.2 NAME						
STREET ADDRESS	12340 WEST GOLD DRIVE		3.3 ST	3.3 STREET ADDRESS		}				
CITY - ST - ZIP	MIAMI FL 33179			3.4. CITY - ST - ZIP						
TITLE	TD DELETE		4.1 TiT	4.1 TITLE					Change	Addition
NAME	WRIGHT, GLADYS		4. 2 N/	4. 2 NAME		•				
STREET ADDRESS	3751 N.W. 8TH PLACE		4.3 ST	4.3 STREET ADDRESS						
CITY-ST-ZIP	FT LAUDERDALE FL 33311		4.4 CiT	4.4 CITY-ST-ZIP						
TITLE	☐ DELETE			5.1 TITLE					☐ Change	Addition
NAME			5.2 NA	ME						
STREET ADDRESS			5.3 ST	REET	ADDRESS					
CITY-ST-ZIP			5.4 CIT		- ZIP	ļ			<del></del>	
TITLE		☐ DELETE	6.1 TIT		1				☐ Change	Addition
NAME			6.2 NA		Ì					
STREET ADDRESS			•		ADDRESS					
CITY-ST-ZIP			64 CIT	Y-ST	- ZIP	1				

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:

3 Sim Lite

a:1 14,1998 c

954-484.575