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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9600006154

LIFT UP DAVIE BLVD., INC.

Principal	Place of	Business

3601 DAVIE BLVD. FT. LAUDERDALE FŁ 33312

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Mailing Address

3601 DAVIE BLVD.

2a. Mailing Address

City & State

Suite, Apt. #, etc.

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27

FT. LAUDERDALE FL 33312

FILED May 06, 1999 8:00 am § Secretary of State

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|--|--|--|

3. Date Incorporated or Qualifed

NOT APPLICABLE

5. Certificate of Status Desired

12/04/1996

4. FEI Number

23	-		28	,			5. Certificate of State	is Desired		Fee Req	uired
Zip	25	Country		Zip 30	Country		6. Election Campaig	_		\$5.00 N Added to	
24 25 29 30 9. Name and Address of Current Registered Agent					'	10. Name and Address of New Registered Agent					
·	V. Jedino and	Addition V	togiot		81	Name					
COV MAPO A				-	<u> </u>	A Livery (D.O. Barellander)	Not Assess	abla)			
COX, JAMES A				82	82 Street Address (P.O. Box Number is Not Acceptable)						
3601 DAVIE BLVD FT. LAUDERDALE FL 33312			83		· · · · · · · · · · · · · · · · · · ·						
FI. LAUUE	ENDALE FL 33	312									- 4.
					84	City	PL				
office or n	trens harateina	or both in the State of	Florida	7.1508, Florida Statutes, a. Such change was auth Section 617.0503, Florida	orized by	the corpo	corporation submits this state pration's board of directors. I	ement for the hereby accep	purpose of pt the appoil	changing its r ntment as regi	egistered istered
SIGNATURE	Slovehire, typed or pri	inted name of registered agent a	and title if	applicable. (NOTE: Re	gistered Ager	t signature r	equired when reinstating)		DATE		
12.		OFFICERS AND			13.		ADDITIONS/CHAP	IGES TO OF	FICERS AN		
TITLE	D			☐ DELETE	1.1 TITLE		D			Change	Addition
NAME -	RUSSO. DIAN	Æ			1.2 NAME		JEROLD C. JUI	MODE			
STREET ADDRESS	3529 SW 121	TI*ST.			1.3 STREE	ADDRESS	AGOL NAME R	ENA.	2222		
CITY-ST-ZIP	FT. ŁAUDERD	JALE PL 33812			1,4 CITY-S	T-ZIP	FT. LAUDERDAL	: FL ·	<u> 33317</u>		
TITLE	D			☐ DELETE	2.1 TITLE			/		☐ Change	☐ Addition {
NAME	COX, JAMES	Α		-	2.2 NAME		يا				.
STREET ADDRESS	3601 DAVIE I	BLVD.		•	2.3 STREE	ADDRESS	y nd				j
CITY-ST-ZIP	ft. Laudero	DALE FL 33312			2.4 CITY-5	T-ZIP				<u>-</u> -	
TITLE	D	 :		☐ DELETE	3.1 TITLE					Change	☐ Addition
NAME	VANDENHOU	iten, J. Lee			3.2 NAME						
STREET ADDRESS	3601 DAVIE (BLVD.			3.3 STREE	ADORESS					
CITY-ST-ZIP	FT. LAUDERD	DALE FL 33312			3.4. CITY-S	T-ZIP					
TITLE				☐ DELETE	4.1 TITLE					Change	Addition
NAME					4. 2 NAME						
STREET ADDRESS					4.3 STREE	FADDRESS					
CITY-ST-ZIP					4.4 CITY-S	T-ZIP					7.4.156
TITLE				☐ DELETE	5.1 TITLE					☐ Change	Addition
NAME					5.2 NAME						
STREET ADDRESS	ĺ				5.3 STREE	T ADDRESS					
CITY-ST-ZIP					5.4 CITY-S	T- ZIP					
TITLE				☐ DELETE	6.1 TITLE					Change	Addition
NAME					6.2 NAME		1				
STREET ADDRESS	{				6.3 STREE					- .)
CITY-ST-ZIP					6.4 CITY-S		11.0.4.0.07(0)(1) 57-	ida Ctatut	I fuetbor co	diff. that the in	formation
14. I hereby of	certify that the in	formation supplied with	this fil	ing does not qualify for th	ie exempt	ion state	d in Section 119.07(3)(i), Flor	ida Statutes.	i luriner cer	tiny that the in	am an

indicated on this annual report or supplemental annual report is true and officer or director of the corporation of the receiver or trustee empowered Block 12 or Block 13 if changed, or on an attachment with an address, w pental 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 Preceiver or trustee empgwered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in

SIGNATURE:

Applied For

\$8.75 Additional

Not Applicable