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

	MENT # N970 S FOR ALL, INC.	00000141 (8)	,	I (re nce) are cally been bein bein bein bein bein bein bein	
Principal Place	e of Business	Mailing Address				
2012 S.W. 3RD TERRACE CAPE CORAL FL 83991		2012 S.W. 3RD TERRACE CAPE CORAL FL 33991			3. Date Incorporated or Qualified 01/10/1997 4. FEI Number Applied For Not Applied For Not Applicable	
2. Principal Place of Business		2a. Mailing Address			5. Certificate of Status Desired \$8.75 Additional Fee Required	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			8. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
City & State	0	City & State			7. Is this nonprofit corporation a homeowners association?	
Zip 24	Country 25 9. Name and Address of Cur	Zip 29 rent Registered Agent	Gount 30	ry	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent	
			8	1 Name	100	
SHELLMAN, ROBERT F 2012 S.W. 3RD TERRACE CAPE CORAL FL 33991			8		et Address (P.O. Box Number is Not Acceptable)	
			8	4 Cily	FL 85 Zip Code	
SIGNATURE	Signature, typed or printed name of registered		TE Registered A		ed corporation submits this statement for the purpose of changing its registered orporation's board of directors. I hereby accept the appointment as registered under required when reinstaling) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12,		AND DIRECTORS DELETE	13.	7		
TITLE	PST CORECT C			_	TRESIDENT SHELLMAN	
NAME	\$HELLMAN, ROBERT F 2012 S.W. 3RD TERRACE		1,2 NAMI		325 PROSPECT AUE	
STREET ADDRESS	CAPE CORAL FL 33991		1	ET ADDRESS	F4 - Meyers, FL 33901	
CITY-ST-ZIP	CAPE CORAL FL 33991	DELETE	1.4 CITY 2.1 TITLE			
NAME		_	2.2 NAM	•	Puchard W. Brevolet	
STREET ADDRESS			2.3 STRE	ET ADDRESS	EKHARO W. ISTERORE.	
CITY-ST-ZIP			2.4 CITY	-ST-ZIP	4 Scose 5 th Place Cope Cuent, \$133904	
TITLE		DELETE	3.1 TITLE	D		
NAME			3.2 NAM		mike GRIFFIN	
STREET ADDRESS			3.3 STRE	ET ADDRESS	428 SW 33 BO TERRICE	
CITY-ST-ZIP			3.4. CITY		CAPE COEAL FL 33914	
TITLE		DELETE	4.1 TATLE		Change Addition	
NAME (4. 2 NAM			
STREET ADDRESS			4.3 STRE	ET ADDRESS	S	
CITY-ST-ZIP			4.4 CITY			
TITLE		DELETE	5.1 TITLE		Change Addition	
NAME			5.2 NAMI			
STREET ADDRESS			5.3 STRE	ET ADDRESS	s (
CITY-ST-ZIP			5.4 CITY	ST-ZIP		

14. If 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 of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 13 if chapter 617 is the proof of the receiver of the corporation of the receiver of the corporation of the receiver or director of the corporation of the receiver of the

6.3 STREET ADDRESS

Prec

6.1 TITLE 6.2 NAME

OLONIATUDE.

TITLE

NAME STREET ADDRESS

Let F SI.00

DELETE

911-222-1953

Change

Addition

FILED

Jun 25 1998 8:00am

Secretary of State